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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s, rouns after death, Page 6 may be retained by the hospital or attending	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Deut of Health and Memal Hurline infort to burial commanion or minned.	
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HI OF	THE SE	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR CERTIF	ITMENT	OF I	HEALTH	AND	MENT	AL HYGIE		92	10001
	1. DECEDENT'S NAME (First, Middle, Last) HETLEN				CUI	EBAS								TIME OF DEATH : 40 P
	4. SOCIAL SECURITY NUMBER 130-40-62.  Do. FACILITY NAME (# not if	56	5. SEX	6. AGE (In yrs. 55	iest birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	NOU	e OF BIRTH oth, Day, Year)	1936	Puert	O Rico
TOR	13300 DEEL	RFIELD				LAUF		OR LOCATI	ON OF D	EATH			ICE GE	
DIRECTOR	New York	10b. COUNT	r Bronx		10c. CIT	v, town o			T				- 13	d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER							r. ZIP COD	1046	6		us		T COUNTRY?
BY FUI	11. MARITAL STATUS  1 Never Married 2 S Nover Married 2 Nover Married 2 Nover Married 2 Nover Married 2 Nover Married Nover Marr		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	T EVER IN U.S.	NO	13.	WAS DEC If you, or 1 X YES	cendent of cubic sector cubic s	OF HISPA In, Mexic Speci	NIC ORIGI	N? (Specify 'Ricen, atc.)	fes or No—	Black, W Specify:	American Indian, hite, etc.
ETED.	15. DEC (Specify on Elementary/Secondary (i	EDENT'S EDU ly highest grade	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT us	USUAL O	CCUPATI	ON			b. KIND OF E	USINESS/IND		where
COMPLETED	12 17. FATHER'S NAME (First, A				Home	naker					OWN.	on Surname)		
TO BE	Enrique R 180. INFORMANT'S NAME OF Helena L.	Type/Print)	lez					and Number	or Aural	Route Nun		own, State, Zip	Code)	
	20a. METHOD OF DISPOSIT  1 Burial 2 Cramatic  4 Donation Disposit	ION A Rem	oval from State	20b. PLAC	EANDDATE	OF DISPOS	ON AUC., Bronx, NY 10466  SITION (Name of DATE 20c. LOCATION — City or Town, State					State		
	Burtol 2   Connection 3A Removal from State   Connections or other place)   Other (Specify)   Other													
	23. PART I. Enter the dishock, or himmediate Cause (Findisesse or condition resulting in death)	eart failure.	a. Daoi	UN NUM	ne.	not enter	the mo	ods of dy	ing, suc	ch as car	rdisc or res	piratory arm	est,	Approximate interval Batween Onset and Death
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
CERT	resulting in death) LAS		d											
PHYSICIAN: MEDICAL	Sen Zu		t resulting in the underlying cause given in Part i.					Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		CO OF	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Ses 2 NO		
CIAN	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:					LACE OF D	EATH (C	neck only o	ne)			
IXSI	1 XYES 2 NO		1 Inpatient 2			-	ing Hom	10 5 X Re	eldence	6 🗆 Oth	er (Specify)			
	Netural 5	Pending	26a. DATE OF (Month, D) 04/07/	lay, Year)	26b. TIM INJ	E OF URY	28c. INJ WO	PRK?	ii no			INJURY OCC		
ED BY	3 Suicide 6	Investigation Could not be determined	28e. PLACE O	F INJURY — Al 1 etc. (Specify)	home, farm, a	treet, facto		4	) NO	281. LOI City	CATION (Street or Town, State		or Rural Route	Number,
COMPLETED			CIAN: To the beat of	my knowledge,	death occurre					to the ca	use(a) and m		d.	
BE CO	2 MEDI		R: On the beels of a	xamination and/o	r investigatio	n, in my o	pinion, d	29c. LICE			a and place,			nth, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CALIS	SE OF DEATH //T	EM 27) (%ne	Print)		0.0	С.М.	E.		04/	08/92	
	HOMONIO	D. 1608	burm 1	11 PEN			BALT	IMORI	E,MA	RYLA	ND 21	201		
	APR 1			R'S SIGNATURE	Population	1								

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month after death. Page 6 may be retained by the hospital or	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	CONTRACT to them 90 to marked on them 92 observe and plants are able to the marked the marked to the same to the s
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for 1 tems: 2 1 - STATE 4/24/92 REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH A	ND MEI	NTAL HYGIEN REG. NO	E 3	2 10002		
1. DECEDENT'S NAME (First, Middle, Lest) RAYMOND	MIC	HAEL	DUTY	2.	DATE OF DEATH	8 9	3. TIME OF DEATH 11:00 A		
4. SOCIAL SECURITY NUMBER 217-62-9062	1 🔀 M 2 🗆 F	37 YRS.	Seat Silvery of	um. 1	DATE OF BIRTH (Month, Day, Year) 2 27	54 1	BIRTHPLACE (State or Foreign Country) W.VIRGINIA		
99. FACILITY NAME (If not inetitution, give a 590 MILLSHIRE I	,		MILLERSVILLE				OF DEATH AEUNDEL		
	Y NE ARUNDEL		TOWN OR LOCATION MILLERSV	ILLE			10d. INSIDE CITY LIMITS? 1 YES 2 YHO		
100. STREET AND NUMBER  590 MILLSHIRE  11. MARITAL STATUS	DRIVE		101. ZIP CODE 21.	108			S.A.		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR		13. WAS DECENDENT OF If yes, specify Cuben, I			or No.— 14	Black, White, etc.  Specify:  WHITE		
15. DECEDENT'S EDU (Specily only highest grade (Specily only highest grade 12 12 17. FATHER'S NAME (First, Middle, Last)	CATION completed)  College (1-4 or 5+)	Ille. Do NOT use	rk done during most of working		U.S.(	SINESS/INDUS			
DON RAYMOND	DUTY		LUC	INDA		FICE			
LUCINDA WA		1450	VIRGINIA A		E-SEVE	RN, MD	. 21144		
200 METHOD OF DISPOSITION  Duriel 2 Cremettor 3 Rem  Donation 6 Other (Specify)  21. SIGNATURE OF PUNERAL SERVICE LI	G	LEN HAVE	TO CEMETERY		/11 GLI		y or Town, State RNIE, MD.		
1 Nary	J. Lou	fmans	426 CRAIN	. FI	NK FUNI	LEN B			
23. PART I. Enter the diseases or abook, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute N	each line.	and Ethano				t, Approximata interval Between Onset and Death		
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algorificent condition	a contributing to death	but not resulting in	the underlying cause give	en in Part	I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO N/A		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 🖄 YES 2 🗌 NO	HOSPITAL: 1   Inpatient 2   ER/Out	Ipetient 3 🗆 DOA   4	26. PLACE OF OEAT  OTHER:  Nursing Nome 5 Peside						
	28e. DATE OF INJURY (Month, Day, Year) found 4/8/92	10.	nknown						
3 Suicide 6 Double not be determined	found: He	ome		М	LOCATION (Street e City or Town, State)	590 Mille	Rurel Route Number, Nillshire Dr Md.		
(Check only 1 CERTIFYING PHYSI one) 2X MEDICAL EXAMINE	R: On the basis of examination		In my opinion, death occured				suse(e) end manner es stated.		
296. SIGNATURE AND TITLE OF CERTIFIES	A Church	mp		M.E.			GNED (Month, Day, Year) IL 9,1992		
DENNIS J. CHUTE	M.D.	111	PENN ST. BAL	TIMOR	E,MD. 21	201			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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6-234 12/07/1954 W STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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PHILIP

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	92 10003				
	1. DECEDENT'S NAME (First, Middle, Lest PHILIP	P. DARR			2. DATE OF DEATH DAY	3. TIME OF DEATN				
3	4. SOCIAL SECURITY NUMBER 19346=2888	1 № M 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Morth, Day, Year) 12 07 54	8. BIRTNPLACE (State or Foreign Country)				
TO.	9a. FACILITY NAME (If not institution, give THE JOHNS HOPKI) RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF I		E. COUNTY OF DEATH				
DIRECTOR	10e. STATE 10b. COUN	York		own or Location w Cumberland		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10% STREET AND NUMBER 415 Extran Allen	Drive		10f. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF NISP/ If yes, specify Cuben, Maxic 1 YES 2 X NO Speci	ANIC ORIGIN? (Specify Yea or No.) can, Puerto Rican, etc.)	No— 14. RACE — American Indian, Black, Whita, etc. Specify: White				
PLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	College [1-4 or 5+)	life. Do NOT use re	done during most of working	166. KIND OF BUSINES					
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Robert C. Darr			18. MOTHER'S N	AME (First, Middle, Meiden Sum. Dellinger	ame)				
10	190. INFORMANT'S NAME (Type/Print) Corrie Darr		415 Ethe	DRESS (Street and Number or Rura an Allen Dr. N	l Route Number, City or Town. Still New Cumberland	en, Zip Code) Le Pa.				
	20a. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE L	movel from State	PLACE AND DATE OF D etery cremetory or other CUNTY	isposition (Name of Memorial Gara	lens York	ON City or Town, Stelle County, Pa.				
	· Charle	D. Zeile	>	charles S. Z	Reiler & Son S	Inc. Conkling St.				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart feilure. List only one cause on each line.    Approximate Interval Between Onset and Death   Constant of the cause of condition   Constant of the cause of condition   Constant of the cause of condition   Constant of the cause of ca									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. Graft - Versur - host disease of:  Chronic Myelogenous /eulemic;  DUE TO (OR AS A CONSEQUENCE OF):  d.  Chronic Myelogenous /eulemic;  d.									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 \( \sum \text{ YES} \) 2 \( \sum \text{RO} \)	HOSPITAL: 1   Inpatient 2   ER/Outpi		26. PLACE OF DEATH (C						
ву рну	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW INJUR	Y OCCURED				
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	BICIAN: To the best of my knowle ER: On the basis of examination	edge, death occurred at and/or investigation, in	the time, data and place, and du my opinion, death occured at the	a to the couse(s) and menner a e time, data and place, and du	se stated. s to the cause(s) and manner as stated.				
TO BE	Superiore and title of certifie	-ND-		29c. LICENSE NU	MBER 29d	A. DATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WITH STATE OF STA	DEMPLETED CAUSE OF DEA	MD	Johns Hope	lins Occ	4-7-92 ology Cents.				
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	1 - FOR STATE REGISTRAR	STATE OF N			ITMENT OF			MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) FREDERICK	Valter	]	DeBLOOM	2. DATE OF DEATH DAY 04 199			992"	3. TIME OF DEATH 12:40 PM			
	4. SOCIAL SECURITY NUMBER 220-74-4675	5. SEX	8. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YE.		24 HRS. MIN.	7. DATE (Month 03	OF BIRTH	60		IPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give a UNIVERSITY HOSP RESIDENCE OF DECEDENT				BALT	IMORE	ON OF D	HTA30		9c. COU	NTY OF D	PEATH
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3219 O'Donnell S.  11. MARITAL STATUS					2/22	4			(	4.5.	
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 K		If yes	DECENDENT ( , specify Cube YES 2X NO	ın, Mexic	an, Puerto R		s or No—	14. RACI Blac Spec	E — American Indian, k, Whita, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		·) //	Give kind of the Do NOT un	USUAL OCCUP work done during the retired.)	ATION most of world	ng		Lection of Bu		DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)  John Walter De	Bloom				01	ga E	AME (First, M	ede Lo	Surname)		
2	Olga E. DeBloom			3219	ADDRESS (Str	ellSt			Md. 2	21224		
	20b. METHOD OF DISPOSITION  1 & Burlal 2 Cremation 3 Removal from Stata  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of complexy, crematory or gingsplace)  1 State of Complexy, crematory or gingsplace)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	· Charles.	D. Jer	lu		Cha	rles S	.Zei	ler 8	Son	Inc.	901 Con	S. kling St.
	23. PART I. Enter the diseases, or shock, pr heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CoM7	se on aach lin	gur	SHOT						reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events rasulting in death) LAST											
. I								PERFOR	PERFORMED? AMAILABLE PRIO COMPLETION OF			
PHYSICIAN: MEDICA	He								DODO ONLY			
YSIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💢 YES 2 🗌 NO	HOSPITAL:		3 🗆 DOA	OTHER:	PLACE OF O						
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De 04/05/		28b. TIME OF 18c. INJURY AT WORK?  3:12a M 1 YES 2 X NO				SELF	INFL			SHOT WOUND
	3 🔀 Suicide 6 🗆 Could not be determined						office 281. LOCATION (STOP AND THE PROPERTY MONTE City or fown, State)					
COMPLETED		CIAN: To the best of R: On the besis of ex										) and menner as stated.
O BE C	296. SIGNATURE AND TITLE OF CENTIFIES	holled	<i>)</i>			29c. LICENSE NUMBER O.C.M.E.				29d. DATE SIGNED (Month, Day, Year)  04/08/1992		
					Print) N STRE				MARY		212	
	APR I U 1992	32. REGISTRAI	R'S SIGNATURE									

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## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGI Reg. 1		
	1. DECEDENT'S NAME (First, Middle, Last)	ANNA SO	OPHIA	DOLLING	ER	2. DATE OF DEATH		3. TIME OF DEATH
	ANNA S. DOI	1/inger		DOLLING		April		YEAR
			n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	215-74-7987	□ M 2 🕞 🕆	88 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, You	_ /	Country) Maryland
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNT	Y OF DEATN
DIRECTOR	St. Joseph Hose	oital		Tous	on, m	d.	B	alto.
E I	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
	md. Balt	J		Chimor				LIMITS?
FUNERAL	Dulary Touson	1111 1150		101.	ZIP CODE 2/204	/	10g. CITIZE	N OF WHAT COUNTRY?
ON		2. WAS DECEDENT EVER IN	U.S. ARMED		,, -, -	VIC ORIGIN? (Specify	Yes or No — 1	USA 4. RACE — American Indian,
	1 Nover Married 2 Merried	FORCES? 1 YES		If yes, spe	city Cuban, Mexica	n, Puerto Rican, etc.)		Black, White, etc.
B	3 Widowed 4 Divorced	" TEST OFFE THAT OF SE		1 1 1 1 1 1 1	2 No Specif	y:		Specify:
8	15, DECEDENT'S EDUCAT	ION	16a. DECEDENT'S	USUAL OCCUPATIO	N	16b. KINO OF	BUSINESS/INDUS	77/1/
	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5 +)	(Give kind of w	vork done during mos e retired.)	t of working			
립	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Soliege (Ind or 5+)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				40 140745010 444	***		
	a constitution of the second	0 T D				ME (First, Middle, Mail	,	
B	GEORGE DOLLING  190. INFORMANT'S NAME (Type/Print)	GER	- I			B BILLM		
2	ine intronmant's name (type/Print)		19b. MAILING	ADDRESS (Street er	nd Number or Rurel i	Route Number, City or	Town, State, Zip Co	ode)
	20a, METHOD OF DISPOSITION  1  Burial 2  Cremetion 3  Removal  4  Donation 5  Other (Specify)		PLACE AND DATE Of elery, crematory or of	of DISPOSITION (Nar her place)	ne of	DATE 20c.	LOCATION - CIT	y or Town, State
	21. SIGNATURE OF NUMERAL SERVICE LICENS	ofe#		22 NAME AN	O ADDRESS OF SA	CHITTY		
	Q - L. 1011	Ronald						MY BOARD
	30111111/11/11/11	1111	4/7/92	655W	.Baltim	oreSt, B	alto.M	ID 21201
ď	23. PART i. Enter the disesses, or com	pilicetions that caused	the deeth. Do n	ot enter the mod	le of dying, suc	h ss cerdisc or re	spiratory srres	et, Approximate
	shock, or heart failure. Lief	t only one cause on as	ich lina.					Interval Between
	disesse or condition	Con	GEST	IVE H	EART	FAIL	NEE	Onset and Death
	resulting in death) s							
z	<i>-</i> .	15CH	EMLC	HEAR	T DIS	EASE		į
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF					
3	Cause. Enter UNDERLYING CAUSE (Disesse or Injury							
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):				
	resulting in death) LAST							
- 11								
A	PART II. Other significant conditions c	ontributing to dasth be	it not resulting i	n the underlying	cause givan in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS
읡		NSUFFIC	(ENCY				2 D NO	COMPLETION OF CAUSE
	SEPS15							OF DEATH?
-						_		10.1010
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Ch	eck only one)		
		OSPITAL: Inpetient 2 - ER/Outpu	elent 3 🗆 DOA	OTHER:				
ا ځ	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME			8 Other (Specify)  28d. DESCRIBE NO	W IN HIRW COOK	250
	1 Natural 5 Pending	(Month, Day, Year)	INJ	JRY WOF		200. DESCRIBE NO	W INJUNY OCCUP	4EO
B	2 Accident Investigation	28e. PLACE OF INJURY	At home form of		2 _ NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Speci	(y)	treet, factory, office		28f. LOCATION (Stre City or Town, Str	et and Number or te)	Rural Route Number,
4	do official			-				
<u> </u>	29m. CERTIFIER (Check only 1 CERTIFYING PNYSICIAL							
ő	one) 2 MEDICAL EXAMINER: 0	On the basis of exemination	end/or investigation	n, in my opinion, de	ath occured at the	time, date end place,	end due to the o	cause(e) end menner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	IBER	29d DATE S	IGNED (Month, Day, Year)
BE	mandal	5	TAFFI		D2	1262	D 4	1-4-0-
2	30. NAME AND ADDRESS OF PERSON WHO CO				V	2000	, ,/	1-12
	FRANCIS 7	-KHOO			PH H	OSPITAL		
- 11		1-1100	1			_		
		32. RECHSTRAR'S SIGNAL WAY LOOK						

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

BOX 68760, P.O. 4 DIVISION OF VITAL RECORDS,

MONTH 04 OWENA 0220 LMAN 1992 02 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 217-32-5371 DAYS HOURS MIN Maryland 001 32 5727 1 M 2 N F 07-16-1935 Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washin Montgomer Mon Takoma Park RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION Drince 10d. INSIDE CITY M Anne Arundel Laurel 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g CITIZEN OF WHAT COUNTRY? C21 burlal-transit 20724 Marganza South USA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced funeral director, page 5 should be detached for use as the ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done ife, Do NOT use retired.) st of working COMPLET lary (0-12) College (1-4 or 5 +) 12 Seamstress once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) \* David Moats Roena Huntzberry pelliton 19a. INFORMANT'S NAME (Type/Print) ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 321 2 John Ellman C21 Marganza South, Laurel, MD 20724 9 METHOD OF DISPOSITION
Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must cemetery, crematory or other place) 4 Donation & Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY Ponald Wade, Dir BOARD 4/7/92 655W.BaltimoreST, Balto.MD 21201 on, or removal. medicel PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final Onset and Death l completely filled irial, cremation, o the disesse or condition -wee. event, resulting in death) burial, Several traumatic CERTIFICATION and and Sequentially ilst conditions, prior to months If any, leading to immediate the attending physician in Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other resulting in death) LAST 3 years injury. Fig. WAS AN AUTOPSY PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO n signed by the Health and N эпу COMPLETION OF CAUSE 1 TES 2 NO DF DEATH? Shows 1 YES 2 NO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) this certificate h ltem! OTHER: 1 TYES 2 NO 1 Deinpatient 2 - ER/Outpatient 3 - DOA 4 Nursi ng Home 5 Residence 8 Other (Specify) 0 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED merked. 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY death After 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) DIRECTOR: A 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 28 4 Homicide Hem 1 MCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL HOSPITAL TO THE FUNERAL I be filed within 72 h IMPORTANT: If It MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. Væyeen 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER 뿔 Dudu D21294 MID 299 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3450 - FORTMEADE ROAD MID. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 10 1992 a Davidson-Randa

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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director,	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and he been 32 about most inferent an adding the second of a second and an analysis at a second and
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DONALD G. WRICE
31. DATE FILED (Month, Day, Year)

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	1 - STATE REGISTRAR	STATE OF N		DEPAR					MENTAL	HYGIEN REG. NO		-	10001
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	OF DEATN	AY	YEAR	3. TIME OF DEATN
	JANET	Ρ.		EDW	ARDS				04	04		92	3:09 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE C	F BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	213-98-2484	1 🗆 M 2 💢 F	1	2 YRS.	wonthe	CATE	HOURE	mile.		10-79			" MD
OR	9a. FACILITY NAME (If not institution, give suniversity/SHOCK	TOTAL STORE				$r$ , town o $\Gamma$ IMOE		ON OF DI	EATN		9c. COL	INTY OF D	EATN
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT					OR LOCAT	17.1						
DIRECTOR	MD	*			LTIM		TON						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1307 RIGGS AVENU	JE					21217					J.S.A	WHAT COUNTRY?
BY	11. MARITAL STATUS  1)(X) Never Merried 2 Merried  3 Widowed 4 Divorced		T EVER IN U.S. A YES 2 V AR OR DATES	NO	4	WAS DECI If yes, spe 1 TES	ecify Cuba	n, Mexica	n. Puerto R	(Specify Yelcan, etc.)	s or No-		- American Indian, c, White, atc.
	15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON .		16b.	KIND OF BU	SINESS/IN	DUSTRY	
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E CON	17. FATNER'S NAME (First, Middle, Last) EUGENE EDWARDS								ME (First, M	iddle, Meiden	Sumame)		
00	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	\$ (Street ar				or, City or Tox	vn Stein Z	in Codel	
5	BEATRICE BANKS									E, MD			
	20a, METHOD OF DISPOSITION 1) Burtal 2 Cremation 3 Rem		20b. PLACE	ANDDATE	OF DISPOS	SITION (Na	me of		DATE	· ·		City or To	wn, Stata
	4 Donation 5 Other (Specify)	noval from Stata	KING	MEMO	RTAL	PAR	K		1	RANI	DALLS	STOWN	, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	20			NAME AN		SS OF FA	CILITY				
	Y Xin	Tist	· Ch	ne	> WM	1. C. M	1ARCH	I F.H	1. /11	01 E.	NORT	TH AV	FNIIF
	23. PART I. Enter the process, or	complications tha	t caused the d	leeth. Do									Approximata
	shock, or heart failure.  IMMEDIATE CAUSE (Finel	List Dnly one cau	se on asch lin	16.									Interval Between Onset and Dasth
	disease or condition resulting in death)	GUNSI	TOT WOU	ND C	HE57	r							
	resulting in death)	a	(OR AS A CONSI										
Z		b											
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSI	EQUENCE O	F):								
ERTIFICATION	CAUSE (Disease or injury	c											
Ē	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSE	EQUENCE O	F):								
S		d											
AL	PART II. Other significent condition	ns contributing to	deeth but not	resulting	in tha u	nderlying	csuse (	given in	Part I.	24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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¥													1 XYES 2 NO
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호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	and a weather		OTHE		ACE OF D	EATN (Ch	eck only one	)			
ΥS	1 X YES 2 NO 27. MANNER OF DEATN	1X Inpetient 2 28a. DATE OF		1	_			sidence	8 Other				
	1 Netural 5 Pending	(Month, D	ay, Year)		IURY	28c, INJU WOI 1 Y	RK7	340	28d. DESC	CRIBE HOW	INJURY OC	CURED	
ВУ	2 Accident Investigation	04/04/1	92 FINJURY — Ath	12:50	P <sup>M</sup>		Λ	NO	SUBJI		HOT	a co O mal C	
	3 Suicide 6 Could not be 4 Homicide determined.	building,	atc. (Specify)		er, reC	.ory, orne			City or	Town, State)			loute Number,
E E	29a. CERTIFIER	ICIAN: To the first of		OUSE	100				1303	RIGGS			
COMPLETED		ICIAN: To the beat of ER: On the beats of as											) and menner as stated.
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TO B	Wonald & Wrigh						0	.C.M	E.		▶04	/05/	92
-	30. NAME AND ADDRESS OF PERSON WH					ייי דער כן				m 04	201		
	DONALD G. WRIGHT	IND DOME.	TIT BEW	N SIR	rra.	DALI'.	TMOK	r,MA	KYLAI	ND 212	201		

32. REGISTRAR'S SIGNATURE
1002 Julia Davidson-Rondalle

DHMH-16 Rev 1/89

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Linder Inc. Or in Linder of Inc. of a set of the American Devices of the Ameri	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIRECTOR- After	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no

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	1 - STATE REGISTRAR		MARYLAND /	DEPAR	_	HEALTH	AND I	MENTA				
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			EDEE	-DED	000			MON	E OF DEATH	DAY		3. TIME OF DEATH
1	Walter	G		EBERG	itk Jr			Ap	ril	8 19	92	10:38 pm. м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs, lest	birthday)	IF UNDER 1 YEAR			7. DATE	E OF BIRTH		B. BIRTHPI	LACE (State or Foreign
	217 20 4317	1 🕅 M 2 🗆 F	65	YRS.	MONTHS DAYS	HOURS	MIN.	Jul	y 13	1926	Mary!	land
	9a. FACILITY NAME (If not institution, give at	treet and number)			96. CITY, TOW	OR LOCATI	ON OF DE		, 10		TY OF DEA	
Œ	Franklin Square U	ognital (	Cantan									
16	Franklin Square H	ospical (	center	ter Rossville 21237 Baltimore							re	
DIRECTOR	10s. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LOC	ATION			_		- 19	10d. INSIDE CITY
1 5	Maryland Bal	timore		177							- 1	LIMITS?
	10e. STREET AND NUMBER	crinore		LS	sex							1 YES 2 NO
1 %						IOF. ZIP COD	E			10g. CITIZ	EN OF WH	IAT COUNTRY?
I I	810 Martin Road					21221					U.S.	A.
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<u>a</u>	12	2	Acc	ount	ant				Oneti	cuction	Com	nany
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	Walter G. Freeb	orgor				IIo				7 - 1 1		reiber
BE	19a. INFORMANT'S NAME (Type/Print)	CIPCI	195	MAIL ING	ADDRESS (Stree		nrie			chei be		
2	1	Freeberg	cor									
	Minge Frenerger		18.		artin R		alti					
	20e. METHOD OF DISPOSITION  1 W Burlel 2 Cremetion 3 Permo	oval from State	cemetery crem	seton, or of	OF DISPOSITION (			DA	1 1 1 1 1 1 1	LOCATION — C		
	4 Donetion 5 Other (Specify)		Dulane	y Va	lley Me	emoria	11 4/	/13/	92 Ba	1timore	e Cou	unty MD
	21. SIGNATURE OF FUNERAL SETVICE LIC	ENSEE			22. NAME	AND ADDRE	SS OF FAC	CILITY				
	Alan Kan	A 1	<b>.</b>		Bruzd							
	22 PART S Enter the discourse only				11407	Easte	rn A	ve I	Baltin	ore Ma	rvla	nd 21221
1 1	23 PART I Enter the diseases, or/c	omolicanona that								1000 110	7 1 44 64	
1 1	shock, or heart failure. I	List orlly one ceu	se on each line.	th. Do n	ot enter the n	ode of dy	ing, aucl	h as car	rdiac or res	spiratory arre	et,	Approximata
	Shock, or heart failure. I	List orily one cou-	se on each line.	ith. Do n	ot enter the n	ode of dy	ing, aucl	h as car	rdiac or res	spiratory arre	et,	
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IPR 10 1992 Studies Page

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Approximate Interval Batween

Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

		1. DECEDENT'S NAME (First, Middle, Last)  Vernon Will	iam Gray	Sr.		-				2. D.	ATE OF DEATH	992	YEAR	3. TIME OF DEATH 8:45am
Đ		4. SOCIAL SECURITY NUMBER 216-03-9700	1 🖾 M 2 🗆 F	E (In yrs. lest	YRS.	IF UND	ER 1 YEA		INDER 24 HRS.	7. DA	TE OF BIRTH	17	a. BIRTI-	IPLACE (State or Foreign Aryland
регтіі. Pages 1, 2, 3 should	OR	90. FACILITY NAME (# not institution, give 1602 Howard Ave				9b. CIT			CATION OF D	DEATH		9c. COUR	ITY OF D	
. Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT  Md.	Baltimore		10c. CITY		OR LO							10d. INSIDE CITY LIMITS?
-55	FUNERAL	100. STREET AND NUMBER 1602 Howard Ave						10f, ZIP	CODE 212	221	10g. CITIZEN OF W			1 YES 2 NO
5-0020 nding physician. ss the burial-transit	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 N	WED O	13	If yee,	DECENDE , specify ( YES 2	Cuben, Mexic	en, Puer	GIN? (Specify Yes	or No-	14. RACE Black Speci	E — American Indian, k, White, etc. My: White
2121 al or atte for use a	PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	College (1-6 or 5+)  (Give kind Iffe. Do NO			s usual occupation (work done during most of working use retired.)  ef Dispatcher				16b. KIND OF BUSINESS/INDUSTRY  EXXON			Wille
F & & T	BE COMPL	17. FATHER'S NAME (First, Middle, Last) William Gra	У					18. 1	MOTHER'S NA		st, Middle, Meiden	Sumama) dicka	a	
2 8	TO BI	190. INFORMANT'S NAME (Type/Print) Linda Althoff		196.	MAILING 3520	ADDRES Ch	ss (Stre 1est	er end Nu	mber or Rural	Route N	umber, City or Yowr BALtim	ore M	Code)	21213
e 6 m	100 E	4 Donation 5 Other (Specify)	E Buriel 2 Cremetion 3 Removal from State											
after by the	ral examine	23. PART I. Enter the disease, or	-unual	Mon	u)						ome 300			
d within 24 hour ompletely filled is discremation, or	מפוווי, ווופ	shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	E V Q  DUE TO (OR AS	each line.										Approximate Interval Batwe Onset and Dec
P.O. BOX 68 the control of the contr	ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQU	DENCE OF		a	Ve		d	leus	0		
OR that	CAL	PART II. Other algnificant condition	s contributing to deeth	but not re	sulting in	the u	nderly	ring ceu	se given in	Part I.	24a, WAS AN A PERFORI	MED?		WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
law requires been soppi. of H	N N	25. WAS CASE REFERRED TO MEDICAL												1 YES 2 HO
F VI SICIAN: certifica the St	] 누 [	EXAMINER?  1 YES 2 MAO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Ou				A: raing H	ome 5	F DEATH (Ch	6 🗆 01	ther (Specify)			
O \( \frac{2}{2} \) \( \frac{2}{2} \)	B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJU	RY M	1 [	WORK?			DEŞCRIBE HOW IN			
DIVISION OR ATTENDING F DIRECTOR: After thours after death	ETE	3 Suicide 6 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	өспу)						C	OCATION (Street er ity or Town, Stete)			oute Number,
E BE	:  ₹	(Check only	CIAN: To the best of my kno	wiedge, dest ion end/or in	th occurred	at the t	time, di opinion	ite end pl	ace, end due	to the d	cause(e) end menr ste end place, and	due to the	d. cause(s)	end menner ee stated.
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ender	~~	- (U	0		29c.	LICENSE NUN	ABER	72	29d. DATE	SIGNED (	(Month, Day, Year) $9 - 95$
		30. NAME AND ADDRESS OF PERSON WH	o COMPLETED CAUSE OF D	. A	27) (Type, )	Srint)	04	2.4	uno	h	20 1	152	7	

32. REGISTRAR'S SIGNATURE

num manager-plustage

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

APK L U 1992

1. DECEDENT'S NAME (First, Middle, Last)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	- 1	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF DEATH	,,		3. TIME OF DEATH
1-		CATHERINE				CA	THER				MONTH D	MY T	YEAR	3. TIME OF DEATH
	1	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. last birthdi			IF UNDER	24 HRS.	April 2	4, 1	992	IPLACE (State or Foreign
_		220-30-53	353 A	1 □ M 2 💢 F		95 YRS	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	007	Countr	(γ)
3 should		9a. FACILITY NAME (If not in		reet and number)		33	9b. CITY	TOWN	OR LOCATE	ON OF DE		897	NTY OF D	eath
2,3	e e	501 Jones	Road	1				as.	erve	rn		7.00	m o 7	
4-0	DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			1.00	HTY, TOWN C					An	ne A	Arundel
S.						IOC.							- 1	10d. INSIDE CITY LIMITS?
ermit.		Maryland  100. STREET AND NUMBER	Anne	Arund	eT				ern			40- 017	17511 05 1	1 XYES 2 NO
physician. bunal-transit permit. Pages	FUNERAL	501 Jones	Poad	ı				- [ "		144		10g. CI1		VHAT COUNTRY?
physician bunial-trau	3	11. MARITAL STATUS	Road	12. WAS DECEDEN			13.	MAS DE		4 4 4	IIC ORIGIN? (Specify Ye	s or No.	U.S.	- American Indian
	BY F	1 Never Married 2 3 X Widowed 4 Divo		FORCES? 1	YES WAR OR DATE	2 X NO		f yes, s	specify Cuba	n, Mexica	n, Puarto Rican, etc.)		Black Speci	k, White, etc.
attending se as the													фос	Black
~ >	COMPLETED	(Specify only	EDENT'S EDUC highest grade	ATION completed)	10	(Give kind	of work done of	CCUPATI during m	ION nost of workin	ng	16b, KIND OF BU	SINESS/INC	DUSTRY	
	PLE	Elementary/Secondary (0		College (1-4 or 5	+)		use retired.)							
the hospital detached fo once.	MC	Grade Sch					Custo	di			US Pos		Ser	vice
		Charlie H		lı.					100000		ME (First, Middle, Maiden	Sumame)		
retained 5 should notified	BE	19a. INFORMANT'S NAME (7)				19b. MAILI	IG ADDRESS	(Street			Oueen  Route Number, City or Tow	o Ctata Tir	Codel	
	10	Beaula M.	Moar	6							ad Jessi			20724
may be		20a METHOD OF DISPOSITI	ON	001107-0010		LACE AND DAT	E OF DISPOS	TION /N	lame of	RO		CATION		20794 wn. State
e 6		4 Donation 5 Other	n 3 ⊔ Ramo (Specify)	ival from State	cemete.	ry, crematory o		Cer	mete	rv	1	ook1		
death. Page thereal directly examiner n		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22.1	NAME A	ND ADDRES	S OF FAC	Nutter	Fui	nera	1 Homes
· m		► Heale	Ta	E' V	with	7	1 -				Falls F Maryland			
by by		23. PART i. Entar the di	seasea, or c	omplications tha	t caused th	ha death. De	not entar	the me	oda of dvi	re,	Maryland	ratory ar	1216	Approximata
ted within 24 hours completely filled in ial, cremation, or re event, the med		shock, or heart fallura. List only one cause on each line.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF)												
8 5 - 6	_			DUE TO	(OR AS A CO	1 AS	Tru	1	m					
e be executed sician and com orior to burial, traumatic ex	CERTIFICATION	Sequentially list condition if any, leading to immediate		DUE TO	100 AS 4 00	HQUENÇE	0F):	nen	21	2.	-2			
ysicial prior trau	3	cause. Entar UNDERLY!! CAUSE (Disease or injur	NG		0	X	euis		all	m	ention	2		İ
eath certificate be a attending physician ntal Hygiene prior to y, or other traun	E	that initiated events resulting in dasth) LAST		DUE TO	(OR AS A CO	ONSEQUENCE	OF):							
death c attendi ental Hy iry, or	H.	resulting in dastri) CAS												
the atter Mental	19	PART ii. Other significat	nt conditions	contributing to	dasth but	not resultin	in the un	dariyin	ng cause g	lven in I	Part i. 24s. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
that the deat ted by the attr th and Mental any Injury,	EDICAL										PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION DF CAUSE
sign sign											1 ☐ YES 2	₽ NO		OF DEATH?
	AN: N										_			1 TYES 2 THO
V: The law cate has be State Dept.	N N	25. WAS CASE REFERRED TO EXAMINER?	-					26. P	LACE OF DE	ATH (Che	ck only one)			
SICIAN: The certificate h the State d, or Item	YSICI	1 YES 2 NO		HOSPITAL:	ER/Outpetle	nt 3 🗆 DOA	OTHER 4 □ Nurs		ne 5 Rat	sidence	8 Other (Specify)			
도 등 등 등	PHY	27. MANNER OF DEATH  1  Astural 5  F	Pending	28a. DATE OF (Month, Da		28b. T	ME OF		JURY AT ORK?		28d. DEŞCRIBE HOW II	NJURY OCC	URED	
L OR ATTENDING PHYS DIRECTOR: After this c hours after death with Item 28 is marked	B	2 Accident	nvestigation				м		YES 2	NO				
TTEND TOR: / after d			Could not be letermined	28a. PLACE Of building,	etc. (Specify)	At home, farm	, street, facto	ry, offic	Ca		26f. LOCATION (Street a City or Town, State)	and Number	or Rural Re	oute Number,
OR AT DIRECT HOURS	H E	29a. CERTIFIER												
TAL CAL C	COMPL	(Check only	FYING PHYSIC	IAN: To the best of	my knowledg	e, death occu	rred at the tir	ne, deta	and place,	and due t	to the cause(a) and man	iner aa state	ed.	
HOSPITAL FUNERAL WITHIN 72 P	8	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		. On the pasts of at	amination an	nd/or investige	lon, in my of	inion, d	death occurs	d at the t	time, data and place, an	d due to the	a cause(a)	and manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	H	296. SIGNATURE AND TITLE	OF CENTIFIER	V ~	0	1.5			29c. LICE	NSE NUM	BER 1222	29d. DATE	SIGNED	(Month, Day, Year)
₽₽2₹	2	30, NAME AND ADDRESS OF	PERSON WITH	COMPLETE TO THE	/ CONTRACT	7	0/			15/	>00		41	3U2
		710 010	vida.	100	OF BEATH	DIEM IT (IV	Print)	0	0	no.	2000 /00	1,	1	91920
	-	31. DATE FILED (Month, Day, )	bac)	32. REGISTRA	R'S SIGNATU	RE J. C	Lun	e,		JU	NSN 60	2 /2	(	alach
		APR LU	992	32. REGISTRA	accon-	concient,		,						
L	بالنس					-								



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31.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMONE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from: min man man have a may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING PI	TO THE FUNERAL DIRECTOR: After this obe filed within 72 hours after death with	IMPORTANT: If Item 28 is mark

0	7	7	23 N	3	6	3	9	4979	2	0	9	5			
														7	L
40.	_		4.00	-		-				100			de	olto.	Part .

GMS

	1 - FOR STATE OF REGISTRAR 3 0 2 5 LAL STATE OF	MARYLAND / DEPA	RTMENT OF		MENTAL HYGIE REG. NO			
	1. DECEDENT'S NAME (First, MICHIE, Last) LEV	VIS GWA	LINEY	*	2. DATE OF DEATH		S. TIME OF CEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	FUNDER I FEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	-1	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give etreet and number)		9b. CITY, TOWN	OR LOCATION OF E	// /2 :	9c. COUNTY OF DEATH		
OR	SINAL HOSPITAL		BA					
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c, CF	TY, TOWN OR LOCA	TION			10d, INSIDE CITY	
DIA	11D Baltimor	4	Balton	cre		1 1 ves 2 No		
3AL	10s. STREET AND NUMBER		10	of. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	30 25 Walbrook AVE			2/2/5		USA		
B		ENT EVER IN U.S. ARMED  1 YES 2 NO WAR OR DATES  75 - MAY 7	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:	ns or No 14.	RACE — American Indian, Black, White, etc. Specify:	
8	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	S USUAL OCCUPATI work done during muse retired.)	ION ost of working	16b. KIND OF B	JSINESS/INDUS	DIVIC.	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or	5+1	AKEM#		BE	O RA	1LLOAD	
ON	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Meide	n Sumame)		
BE	HUGH GWALTNEY			HAD	DOIE LE	W18		
2	DARLENE (Type/Print)		- 6		Route Number, City or To			
	20a METHOD OF DISPOSITION	20b. PLACE AND DATE		brock f		OCATION - City	10 21215	
	1 Ø Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cremetory or	other placel	SAREISM	1 410 DU	LAVIS	mus mo	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF F	CILITY NUTTOL	cure	ear Homes, In	
	Bary & Koller	5	1591	uu. m	D 7:216	- /		
	23. PART I. Enter the diseases, or complications to shock, or heart feilure. List only one of iMMEDIATE CAUSE (Final disease or condition resulting in death)  a. SCPS1	suse on each line.  S				olratory arreat	Approximata interval Between Onset and Desth	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	TUG ABUSE TO (OR AS A CONSEQUENCE OF OR AS A						
CAL	PART II. Other significent conditions contributing	to death but not resulting	in the underlyin	g ceuse given in	Part I. 24a. WAS A PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDI					1 🗆 YES	1 chused	OF DEATH?	
					- Done	retused	1 TYES 2 TAG	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. P	LACE OF DEATH (C)	heck only one)			
PHYSICIAN	1 TYES 2 THO 1 Typetlent 2	☐ ER/Outpatient 3 ☐ DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)			
	27. MANNER OF DEATH  1 Natural S Pending  28a. DATE (Month)		JURY WO	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO	
ВҰ	2 Accident Investigation	OF INJURY Al home, lerm,		YES 2 NO	281, LOCATION (Street	and Number on t	And One House	
E I	3 Sticide 8 Could not be determined buildin	g, etc. (Specify)	arrest, factory, orne		City or Town, Stet		sural Houte Number,	
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best one)  2 MEDICAL EXAMINER: On the best of						iuse(e) end manner ee steted,	
TO BE	29b. SIGNATURE OF TITLE OF CERTIFIER  IND  IND  IND  IND  IND  IND  IND  IN			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Wer)	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA Theader & Y.K. Chung, MOVID	. Tutern Fuch	Mayerel	of Bellon	ıc		21215.	
	31, DATE FILED (Month, Day, Year) 32. REGIST	RANS SIGNATURE	/					



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30. NAME AND APPRESS OF PERSON WNO COMPLI Joseph Gibbons, M.D. 31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director name 5 should be democrate from use as the buriant stranger
be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										9	2	0013
	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	RTME	NT OF	HEALTH	AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last	)							2. DATE OF DEATH	0.		3. TIME OF DEATN
l	EDNA MAY	EDNA MAY HETTCHEN							MONTH 4	09	625	07:004
i	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	isl birthday)	IF UND	ER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTN		B. BIRTHPI	LACE (State or Foreign
ĺ	215-32-2057	1 🗌 M 2 🔀 F	95	YRS.	MONTH	DAYS	HOURE	MIN.	(Month, Day, Year) 9-16-18	96	Mary	
	9a. FACILITY NAME (If not institution, give	street end number)			9b. Cl	TY, TOWN	OR LOCATI	ON OF D		-	INTY OF DEA	
E C	8417 Flbo Dr.	ivo								-		an.
E	8417 Elko Dr.	rve				E11.	icott	CIU	- <u>Y</u>	HC	ward	
DIRECTOR	10e. STATE 10b. COUN					OR LOCA					1	Od. INSIDE CITY
	Maryland Ho	ward		E	llic	cott	City				1	LIMITS?
¥	10e. STREET AND NUMBER					10	H. ZIP COD	E		10g. CIT		AT COUNTRY?
FUNERAL	8417 Elko Dr					2	1043				U.S.Z	Δ
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	10	3. WAS DE	CENDENT (	OF HISPAI	NIC ORIGIN? (Specify Y	ee or No		- American Indian, White, atc.
ВУ	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE W	YES 2 X	NO		If yee, sp	ecify Cube 3 2 X NO	m, Mexico	en, Puerto Rican, etc.)		Black, \ Specify	
		1							,		Whit	
COMPLETED	15. DECEOENT'S ED (Specify only highest grad	UCATION le completed)	16a. DE	ECEDENT'S Give kind of a	USUAL work don	OCCUPATI	ON ost of working	20	16b. KIND OF B	JSINESS/IN	DUSTRY	
٣	Elementery/Secondary (0-12)	College (1-4 or 5 -	')									
₩.	6 yrs			House	ewıi	e			Own	Home		
응	17. FATNER'S NAME (First, Middle, Lest)								ME (First, Middle, Meide			
BE	Hilberth He	nry Becke	r	_			El:	izab	eth Gertri	ade B	auer	
인	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRE	SS (Street	end Number	or Rural	Route Number, City or To	wn, Stete, Zij	p Code)	
-	Henry E. Hettchen 8417 Elko Dr. Ellicott City, Md. 21043											
	20a, METHOD OF DISPOSITION  1 & Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cometagy, cramatory or other place) Parkwood Cemetery  4-13 Parkwille Md.											
	4 Donation 5 Other (Specify)		Par	kwóo	i Ce	mete	ry		4-13 Pa	rkvil	le,Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  1050 York Rd. Towson, Mc											
	Chaman	1/	1/1/		,	Ruck	TOME	on E	1050 Tuneral Ho	York	Rd. J	Cowson, Md.
	23. PART I. Enter the diseases, Dr	complications that	causad tha de	esth. Do r	1Dt ente	er tha mo	da of dvi	ng. suc	h as cardiec or rear	dratory ar	reet.	Approvimete
											Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition ARTER)								Onset and Death			
	disease or condition resulting in death)  a. CORONARY ARTONY DISEASE  OUE TO (OR AS A CONSEQUENCE OF):											
z	- HYPERTIENSIDA											
9	Sequentially list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	DUENCE OF	F);							1
8	reaulting in death) LAST	d.										
_	PART II. Other eignificent conditions contribution to doubt but and activities to doubt but activities to doubt but ac											
¥.	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  OSTED ARTHRITIS, HISTORY OF THORACIC AORTIC  ANEURYSM  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 ANO  1 YES 2 ANO  1 YES 2 NO											
ă	AUTIANE	15, 171.	57024 0	FI	HOR	ACIC	HOL	2716	1 🗍 YES	2 KNO	CC	OMPLETION OF CAUSE F DEATH?
Z.	HNEURYSM										1	YES 2 NO
ÿ												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF O	EATH (Chi	eck only one)			
YSI	1 Tes 2 NO	1   Inpatient 2	ER/Outpatient 3	□ DOA	OTHE	:R: msing Nom	6 5 KRe	sidence	8 Other (Specify)			
PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying cause given  OSTED ARTHRITIS HISTORY OF THORACIC AORTI  ANEURYSM  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   VES 2   NO							28d. OESCRIBE HOW	INJURY OC	CUREO			
					NO							
	3 Suicide 8 Could not be	28e. PLACE OF building, o	INJURY At ho	me, ferm, s	treet, fac	ctory, office	•		281. LOCATION (Street City or Town, State	end Number	or Rural Rout	e Number,
4 Homicide determined City or Town, State)						,						
7	29e. CERTIFIER (Check only	ICIAN: To the best of i	my knowledge, de	ath occurre	d at the	time, date	end place.	end due	to the cause(e) end ma	nner es et-s	ad	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of ex	emination end/or I	investigation	n, In my	opinion, d	eath occur	ed at the	fime, date end place, e	nd due to th	e cause(e) er	nd menner ee stated.
Ö	29b. SKUNATURE AND TITLE OF CERTIFIE				_		29c. LICE					
0	and I	yellon-	M			ı	-	82				onth, Day, Year)
2	30. NAME AND APPRESS OF PERSON WA	O COMBI EXED CAME	. 05 05 15 1		_		03		140	- (	14-0	7-16

TED CAUSE OF OEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
0 1992 Julia Davidson-Manshall.

9501 Old Annapolis Rd.

Ellicott City, Maryland

CI. V.

- 1

1	-	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OILLE OF IN	CE		ICATE (			MENIAL	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)	EDNA			MAN			2. DATE OF MONTH Apri	DEATH D	19	92	3. TIME OF DEATH
	213-58-4203	1 🗌 M 2 💢 F	S. AGE (In yrs. last 98	birthday) YRS.	IF UNDER † YE MONTHS DA	rs Hours	R 24 HRS.	7. DATE OF (Month, D NOV.	me Manel	893	8. BIRTHI Country	Canada
TOR	90. FACILITY NAME (If not institution, give stre 900 Alexandria C					el Air	TION OF DE	EATH		1	Harfo	
DIRECTOR	10a. STATE 10b. COUNTY	rford		10c. CIT	y, TOWN OR L	CATION L Air						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 900 Alexandria C	ourt.				101, ZIP CO		21014				HAT COUNTRY? States
BY FUN		12. WAS DECEDENT	YES 2 XN	JED D	D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE — An Black, White					— American Indian, White, etc.		
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	e kind of a Do NOT us	usual occui work done durin se retired.)	PATION 7 most of work	ing	16b, KI	ND OF BU	SINESS/IND	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Edwin	С	orke			18, MO	Nett	ME (First, Mick	fle, Maiden	Surname)	Welb	anks
TO B	19a. INFORMANT'S NAME (Type/Print) Mary E. Cavey				Alexar					n, Stete, Zij		21014
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Remove 4  Donation 5  Other (Specify)		206. PLACE AN	ND DATE	OF DISPOSITIO	N (Name of	11/92	OATE	20c. LO	CATION -	City or Tov	
	21. SIGNATURE OF FUNERAL SERVICE LIGE	Milton	J Knight	: Jr	22. NAM	E AND AODR			Balti	more	, Md.	21214 Ford Road
	23. PART I. Enter the diseases, or co	mplications that	eused the dea	th. Do r	not enter the	mode of d	ring, suci	h aa cerdia	or resp	iratory an	reat,	Approximate
	shock, or heart fellure. Li  IMMEDIATE CAUSE (Final disease or condition resulting in death)		pulu pulu	-02	Long	an	~>	4				Interval Between Onset and Death
NO	Sequentially list conditions, Discrete Constitutions of the Constitution of the Constituti											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		OR AS A CONSEQU						,			
CERTI	resulting in death) LAST											
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to d	eeth but not re	sulting	In the under	ying ceuse	given in		e. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				B. PLACE OF	DEATH (Ch	eck only one)				
IXSI	1 YES 2 NO	I ☐ Inpetient 2 ☐ I			OTHER:		eeldence					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF III (Month, Day		28b. TIM	URY	WORK?	□ NO	28d. OEŞCR	IBE HOW I	NJURY OC	CUREO	
							oute Number,					
COMPLETED	29e. CERTIFIER (Check only one)  CERTIFYINO PHYSICI  MEDICAL EXAMINER:											end menner se stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. Lit	ENSE NUN	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	D	05.05171.075	Am / I		D	322	77			3)5/	52
	Dr. David Dunn M.	D. 1131	Belair	Road	l King	sville	e, Ma	rylan	d 21	087		
	APR 10 1992 Julia Davidson-Rindelle											

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be associated within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIEN	E 3 (	- il	1015
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH 3. TIME OF DEATH			
		Charlotte	D. Her	rmann		April 8, 1992 9:00				:00 A M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE C	E BIOTH	1.	BIRTHPLACE	(State or Foreign
	007-10-12-2	1 M 2 🔀 F	96 YRS.	DAYS DAYS	HOURS MIN.	03/0	9/189	96	New	York
-	9e. FACILITY NAME (If not institution, give str			b. CITY, TOWN O	R LOCATION OF			9c. COUNTY OF DEATH		
DIRECTOR		College Manor Nursing Home Luthervi						Ba	ltimo	re
뿐	10a. STATE 10b. COUNTY		10c, CITY, 1	TOWN OR LOCAT					10d. II	ISIDE CITY
	Maryland	Baltimore				hervi	lle			YES 2 X NO
FUNERAL				101.	ZIP CODE			10g. CITIZEI	OF WHAT C	DUNTRY?
뿔	300 W. Seminar					1093			USA	
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	II yes, spe	ENDENT OF HISPA	en, Puerto Si	(Specify Yes lcan, etc.)	or No- 14	RACE — Am Black, White	erican Indian, , etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 X NO Speci	ify:			Specify:	hite
8	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b.	KIND OF BUS	NESS/INDUS		III ce
i ii	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mos stired.)	st of working					
MP	12th		Hom	emakei	2			Но	me	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Mi	iddle, Maiden S			
BE	William Dou	gherty			" [	Jnkno	wn to	Rec	ords	tt
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Aural	Route Numbe	er, City or Town	State, Zip Co	de)	
	Robert H. He	rrmann	18 Pal	mer Gr	reen	Balt	imore	, MD	2121	0
	20a. METHOD OF DISPOSITION 1  Burlel 2 Cremation 3 Remove	val from State 20b.	PLACE AND DATE OF	ISPOSITION /Nor	no of	DATE	200 100	ATION OIL		
	1 Genetary, Cremation 3 Removal from State    Competing Committee   Removal from State   Competing Committee   Committee   Removal from State									
- 3	21. SIGNATURE OF PUNERAL SERVICE MORNSEE M. 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc.									
	George E. M			299 I	rederi	ick R	oad	Balt	0 W	D 21228
	23. PART I. Enter the diseeses, or co shock, or heart failure. Li	mplications that caused let only one cause on ea	the deeth. Do not sich line.	enter the mod	ie of dying, au	ch ea cardi	ec or reapir	atory erreat		pproximate nterval Between
	IMMEDIATE CAUSE (Fine)	/ /	1	/		1		1		Inset and Death
	resulting in death) a. Landles pulvenary Most									
-	disease or condition resulting in death)  a.:  Carellus pulvenary Arch  Due to (or as a consequence of):  Acluanced for the following to immediate of the consequence									
Ö	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	-	The .		-91	617		
CAT	cause. Enter UNDERLYING		•							
Ē	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	reaulting in death) LAST d.									
	PART II. Other eignificant conditions	contributing to death by	ut not requiting in a	h a cometa electrica		5				
CAL	Diabete	,	at not recuiting in t	ne underlying	cause given in	Part I.	24s. WAS AN A PERFORM		AWAILAE	UTOPSY FINDINGS ILE PRIOR TO
	14 (	7					1 TYES 2	₩ но	OF DEA	TH?
Σ	Paris	ension	1 5-4	-					1 🗌 YI	8 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	recent	- 0 M	20 01	CE OF DEATH (CA					
SIC		HOSPITAL:	rtiere 2 Dos 0	THER:						
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJU	5 Residence	7	Specify) RIBE HOW IN.	ILIBY OCCUP	ED.	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOR	IK? ES 2 NO	200. 02.00	THE HOW IN	JOHN OCCOM		- 1
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, farm, stree			281. LOCAT	ION (Street an	d Number or F	tural Route Nur	nher
COMPLETED	4 Homicide determined	building, etc. (Special	19)			City or	Town, Stata)			
7	29a. CERTIFIER 1 K CERTIFYING PHYSICI	AN: To the best of my knowle	doe death occurred a	the time date of	and alone and due	42.45	4-1			
M	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, is	my opinion, de	oth occured at the	time date a	od place, and	er as atated.	usofo) and med	
	290. SIGNATURE AND TITLE OF CERTIFIER	_								
BE		aus	1	20	29E LICENSE NUI	20	- 1		GNED (Month,	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	n()	D247	34		Apr	<u>il 8,</u>	1992
	Timothy E. Souw				T hen	,,+ha	nari 7 7	0 8/7	01	003
	the state (months) buy, rous,	34. REGISTRAN S SIGNA	TURE	TOTK K	vau L	u thei	_ A T T T	e, IVII	) 41	093
	APR 1 0 1992	Julia Davidson	Mandelle							- 1

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affending physician.	use as the burial-transit permit. Pages 1, 2, 3 should		
The most state of the state of	OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						92	10016			
	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN	NT OF HEALTH AND TE OF DEATH		IE				
	1. DECEDENT'S NAME (First, Middle, Last)		ENTIFICAL	E OF DEATH	REG. NO		3. TIME OF DEATN			
	+dell	HA+C	ner		MONTY &	92	M			
	MID We ham !	SEX 8. AGE (In yrs. le	MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Mopth, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)			
	9e. FACILITY NAME (If not instintion, give stree	M2 4 62	YRS.	. 10. 6	1 100	24	UA.			
E E	John Don	Low Mad P	96. CI	TY, TOWN OR LOCATION OF	PEATH	9c. COUNTY C	OF DEATH			
3	RESIDENCE OF DECEDENT	THE CO	A.	"Jaky	0.	L				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN				10d, INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER		12	alto.			1 TES 2 NO			
FUNERAL	2730 Nak	lord Pa	/.	101. ZIP COOE	8	10g. CITIZEN C	OF WHAT COUNTRY?			
ON	11. MARITAL STATUS	. WAS DECEDENT EVER IN U.S. AR	IMED 1	. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Ver	14.8	IACE American Indian,			
BY F	1 Prever Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 H	10	If yes, specify Cuber Mexic	can, Puerto Ricen, etc.)		lleck, White, etc.			
ED E	15. DECEDENT'S EDUCAT	ION I I I					"stack			
E	(Specify only highest grade con		CEDENT'S USUAL live kind of work don . Do NOT use retired.	OCCUPATION  of during most of working  )	16b. KIND OF BU	SINESS/INDUSTR	1			
OMPLET	(12)	(14 of 54)			Sohn	Hopse	ins Hosp			
00	17. FATNER'S NAME (First, Middle, Last)	11		18. MOTNER'S N	AME (First, Middle, Melden	Surname)				
BE	Lemuel N.	ageher			La 56		eson			
5	196. INFORMANT'S NAME (Type/Print)	atchor 19	7 1 1 4 1	58 (Street and Number or Rura	Route Number, City or Tow	_				
	20e. METHOD OF DISPOSITION	20b PLACE	AND OATE OF SISPO	10.0	DATE 20c, LO		212			
	1 Description 2 Cremetion 3 Removal 4 Donation 8 Other (Specify)	from State cometes, de	majory in their place	Com.	DATE 200. LO	Bald	Town, State			
	21. SIGNATURE OF JUNERAL SERVICE LICENT	EE	22	. NAME AND ADDRESS OF F	ACILITY 1	11.20	All			
	hexpy!	Julle		setom.	11ex F/X	1 he	or Luzza			
	23. PART I. Enter the diseases or com	pilcations that caused the de only one cause on each line	ath. Do not ente	er the mode of dying, su	ch as cardiac or respi	ratory arrest,	Approximate			
	IMMEDIATE CAUSE (Final disease or condition	Only one cause on each line			5		Interval Between Onset and Death			
	resulting in death)	Cauce C	Tenor	4 Embre	ew					
_	_	DUE TO JOH AS A CONSEC	DUENCE OF):	1						
ERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
ICA	Cause. Enter UNDERLYING CAUSE (Disease or Injury	Chy purc	houst	Three.			ļ			
TIL	that initiated eventa resulting in death) LAST	DUE TO 10H AS A CONSEC	OUENCE OF):							
CE		67 000	May							
AL	PART II. Other significant conditions co	ontributing to death but not re	eauiting in the u	nderlying cause given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS			
MEDICAL	corprog	M CAPICIA	John A		1 _ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	CUPP						1   YES 2   NO			
PHYSICIAN:	25. WAS CASE REFERRED 20 MEDICAL									
SIC		OSPITAL:   Jupatient 2   ER/Outpatient 3	OTHE	26. PLACE OF DEATN (C/						
并	27. MANNED OF GEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	raing Nome 5 - Reeldence 28c. INJURY AT	28d. DESCRIBE NOW IN	JURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation		INJURY M	WORK? 1 YES 2 NO	Sale Sale Sale Sale Sale Sale Sale Sale					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, ferm, atreet, lec	tory, office	281. LOCATION (Street a: City or Town, State)	nd Number or Run	al Route Number,			
in l	On OFFICER									
COMPLETED	(Check only	To the best of my knowledge, dea	th occurred at the	time, date end place, end due	to the cause(e) end man	ner se stated.				
	29b. SIGNATURE AND THE OF CERTIFIER	the basis of exemination end/or in	Transaction, In my							
BE		0.		29c. LICENSE NUI	MBER (4/)	29d. DATE SIGN	ED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WNO CO	MPI ETED CALISE OF DEATH (ITEM	IAT (Yes Oliver	10/8	170	4/8	77			

31. DATE FILED (MONTH), Day, Year! 992



30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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		4. SOCIAL SECURITY NUMBER 2 19 3 8 7835	5.: 1 [
pino		9a. FACILITY NAME (If not institution, give st	
permit. Pages 1, 2, 3 should	Œ	GOOD SAMA	
1, 2,	5	RESIDENCE OF DECEDENT	7
See	Ä	10a. STATE 10b. COUNTY	
& &	2	MARYLAND E	14
E Serial	AL	10s. STREET AND NUMBER	
ङ्	FUNERAL DIRECTOR	5 DUNHAUEN	
-UCCU ling physician. the burial-transit	S	11. MARITAL STATUS	12.
Safe Day	F	1 Never Married 2 Married	
age of	BY	3 Widowed 4 Divorced	
r attend	TO BE COMPLETED	18. DECEDENT'S EDUC (Specify only highest grade	CATIC
or u	Ē	Elementary/Secondary (0-12)	Com
the hospital of detached for once.	<u>a</u>	5th GRADE	
ne ho	O	17. FATHER'S NAME (First, Middle, Lest)	
# 84 F	0	HOSLEY BUR	77
pont pont	0	19a, INFORMANT'S NAME (Type/Print)	
noth noth	임	VAMES HOLL	6
2 8 6 L		20a METHOD OF DISPOSITION	7
19 de 19 de		1 Seurial 2 Cremation 3 Rame 4 Donation 6 Other (Specify)	lave
2 de 3		21. SIGNATURE OF FUNERAL SERVICE LIC	FNS
order in Core, man in Land Core is death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.		1	)
The regulates that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-train and Mental Hygiene prior to burial, cremation, or removal.  23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		Limit J.	1
Le record of the death certificate be executed within 24 hours after that been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal 23 shows any injury, or other traumatic event, the medical or		23. PART I. Enter the diseases, or o	
nod In	- 1	ahock, pr haart fallure.	Liat
y fill the the		disease or condition	
ent,	- 1	resulting in desth)	n,
com com	_	_	
and and martin	<u>8</u>	Sequentially list conditions,	b
rate pe	ξl	If any, leading to immediate cause. Enter UNDERLYING	
Plys by	윤	CAUSE (Disease or injury	L
State of the state	Ē	that initisted events resulting in death) LAST	
rtal H	崽		f
law requires that the death certificate be executed within as been signed by the attending physician and completely ept. of Health and Mental Hygiene prior to buriat, cremat 23 shows any Injury, or other traumatic event,	AN: MEDICAL CERTIFICATION	PART II. Other significant condition	a co
that and by	ਨੂ		
Signe Signe	입		
sho of a	Σ		
	AN	25. WAS CASE REFERRED TO MEDICAL	
N: The		EXAMINER?	HC
ICIAN: The Sertificate the State	ΙλS	1 TYES 2 NO	1 (3
ing PHYSi ther this of eath with imarked,	PHYSIC	27. MANNER OF DEATN  1 Natural 5 Pending	
Mart the mart	¥	2 Accident Investigation	
IS A A	0	3 Suicide 6 Could not be	
ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and complete hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremitem 28 is marked, or item 23 shows any injury, or other traumatic event,		4 Homicide determined	
OR A DIRECT POURS	7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN
로 보인 느	<b>E</b>	one) 2 MEDICAL EXAMINE	
TO THE HOSPITAL ON ATTENDING PHYSICIAN: THE TO THE FUNEFAL DIRECTOR: After this certificate he filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or item	BE COMPLETED BY	29b. SIGNATURE AND TITLE OF CERTIFIER	_
표 품을	BE	1 / N	1
558₹	2	30. NAME AND ADDRESS OF PERSON WHO	V
- 1		THE THE PROPERTY OF PERSON WAL	0

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH ANI	MENTAL HYGIEN		10011			
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	9	3. TIME OF DEATH			
ETHEL	MAE	HOLLE		MONTH 4	192 YEAR	10:42 PM			
4. SOCIAL SECURITY NUMBER 2 19 3 87835	1 🗆 M 2 🗱 🖹		UNDER 1 YEAR IF UNDER 24 HR	444	Cour	THPLACE (State or Foreign http)  LATBA : MA			
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH									
RESIDENCE OF DECEDENT  104. STATE 10b. COUNTY	,	10c. CITY, TO	OWN OR LOCATION			10d, INSIDE CITY			
MARYLAND E	PATTMERE	PE	RRY HALL		I so arrivan	LIMITS?			
5 DUNHAUEN PLACE APT TC 21236									
11. MARITAL STATUS  1 Never Married  1 Never Married  2 Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 NO  If YES 2 NO  If YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.)  14. RACE — American Indian, Black, White, etc.  15. YES 2 NO Specify:  16. CACK									
18. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU	IAL OCCUPATION done during most of working lired.)	16b. KIND OF BU	SINESS/INDUSTRY	CLACA			
Elementary/Secondary (0-12) 5th GLADE	College (1-4 or 5+)	MANTENA		ex 1	ABAC	US			
17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S	NAME (First, Middle, Maiden	Surname)				
	TON		Bet	TRICE CL	ma				
JAMES HOLL	eV	5 DUN	PRESS (Street and Number or Ru	rel Route Number, City or Tow	rn, Stete, Zip Code)	PERRY HALL			
20e_METHOD OF DISPOSITION 1 27-Burial 2 Cremation 3 Remo		D. PLACE AND DATE OF Di netery, crematory or other		- 1/1	CATION — City or	Town, Stata			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	reurus /	22, NAME AND ADDRESS OF	FACILITY NUTTER	FUNL	pe Homes			
timet I	? tem		EDLTO.	mb 2121	PRHY				
23. PART I. Enter the diseases, or cahock, or heart failure.	omplications that dauge List only one cause on a	d the death. Do not a	anter the mode of dying, a	uch as cardiac or resp	Iratory srrest,	Approximate interval Between			
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ACUTE	MYOC A CONSEQUENCE OF:	ARDIAL 1	NFARCT	70N	Onset and Death			
Sequentially list conditions.	CHRO	NIC R	ENAL 1	FAILUR	t				
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	CONSEQUENCE OF):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other significant conditions	a contributing to death t	out not resulting in the	ne underlying cause given	In Part I, 24a. WAS AN	ALITOPSV 24	b. WERE AUTOPSY FINDINGS			
8.				1   YES 2	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1  YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Chack only and		-			
EXAMINER?	HOSPITAL:		HER: Nursing Home 5 Resident						
27. MANNER OF DEATN  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		26d. DESCRIBE HOW I	NJURY OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	26a. PLACE OF INJURY building, etc. (Spe	— At home, farm, stree		28t. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,			
			the time, data and place, and o						
2 MEDICAL EXAMINER 29b. SIGNATURE AND, TITLE OF CERTIFIER		n end/or investigation, in	my opinion, death occured at 29c. LICENSE F						
30. NAME AND ADDRESS OF PERSON WING	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)								
KOFI	NUA	(0							
31. DATE FILED (Month, Day, Year)	APR 10	992 Julia	Davidson-Handall	•					

Phys. M.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO	).					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	AV . YEAR	3. TIME OF DEATH				
	Mary N. Johnson			7 -	6-92 1	827 PM				
l i			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHP	LACE (State or Foreign				
		80 YRS.	WITHS DAYS HOURS MIN.	(Month, Day, Year) 4-8-191	1 Country)	rvland				
_	9a. FACILITY NAME (If not institution, give street and number)	9	. CITY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY OF OEA					
DIRECTOR	Union Memorial Hospital		Baltimore Ci	ty	na					
ដ្ឋា	RESIDENCE OF DECEDENT  10s. STATE 10s. COUNTY	400 0179 3	OWN OR LOCATION							
HIC	Maryland Baltimore Co				1	0d. INSIDE CITY LIMITS?				
7	10e. STREET AND NUMBER		Monkton 101, ZIP CODE			YES 2 NO				
FUNERAL	727 Maplehurst Lane				10g. CITIZEN OF WH	AT COUNTRY?				
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	IIIS ADMED	2111		USA					
F	1 Never Married 2 Married FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic	an, Puarto Rican, etc.)	n or No- 14. RACE - Black, 1	- American Indian, White, etc.				
ВУ	3 Wildowed 4 Divorced	VIES .	1 TES 2 NO Spec	lly:	Specify:	White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY					
<u>u</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use n	done during most of working tired.)	Homei	maker					
MP	Grammer									
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)					
BE	Christopher Schmidt		Clar	e Schwart	Z					
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural							
-	Robert Johnson Son	727 M	aplehurst La	ne, Monkt	on, MD 21	11				
		PLACE AND DATE OF D	ISPOSITION (Name of		CATION — City or Town					
	4 Donation 5 Other (Specify)									
	21 SIGNATURE OF PUNERAL SERVICE UCENSEE Ronald	Wade, Dir	22. NAME AND ADDRESS OF FA	CILITY STATE	ANATOMY	BOARD				
	mark // 1/1/1/1/ 4/	7/92	655W.Balti	more St, I	Balto., MI	21201				
	23. PART I. Enter the disessee, or complications that caused	the death. Do not	enter the mode of dving, sur	ch as cardiec or respi	ratory arrest	Approximate				
	ahock, or heart fellure. Liet only one ceuse on eximmediate CAUSE (Final	ich line.			matory streat,	Interval Between				
	disease or condition Sevene M	etabolic	Anidosis of	LIANK ACTURE	Cticles	Onset and Death				
	resulting in death)  DUE TO (OR AS A	CONSEQUENCE OF):	Acidosis of	4.40000	Circles					
z						j l				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  b. HypoTension  Due to (or as a consequence of):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury									
H	that initisted events DUE TO (OR AS A	CONSEQUENCE OF):								
ER	resulting in desth) LAST									
	PART II. Other algnificent conditions contributing to death be	it not resulting in t	he underlying cause sives to	Deat I as week						
EDICAL		at not resulting in t	ne underlying cause given in	Part I. 24s. WAS AN PERFOR	IMED?	ERE AUTOPSY FINDINGS MILABLE PRIOR TO				
				1 YES 2		OMPLETION OF CAUSE F DEATH?				
Σ				_   '	1	YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
[ [ [	EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C)							
¥	1 YES 2 NO 1 Inpetient 2 ER/Output 27. MANNER OF DEATH 288. DATE OF INJURY	26b, TIME O	Nursing Home 5 Assidence 28c, INJURY AT							
	Netural 5 Pending (Month, Day, Year)	INJURY	WORK?	26d. DESCRIBE HOW II	NJURY OCCURED					
B	3 Suicide 8 Could not be 28e. PLACE OF INJURY	At home form steed	M 1 YES 2 NO							
	8 Could not be building, etc. (Speci	(4)	i, inclosy, office	City or Town, State)	and Number or Rural Rou	le Number,				
9 H	29a. CERTIFIER									
¥ I	(Check only CERTIFYING PHYSICIAN: To the best of my knowle	edge, death occurred a	the time, data and place, and due	to the cause(a) and man	ner as stated,					
COMPLETED	MEDICAL EXAMINER: On the basis of examination	and/or investigation, in	my opinion, death occured at the	time, data and place, and	d due to the cause(a) as	nd menner as stated.				
BE	296. SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NUI	MBER	29d. DATE SIGNED (M	onth, Day, Year)				
	MANUEL III MOUNTER - 1/1/2/				> 4/6/	192				
5 1	The state of the s									
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH UTEM 27) (Type, Prin	0 1 1	200						
٤	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	THUTEM 27) (Typo, Prin	Bult.	Md 212	18					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA  20 / Eas T UV V  31. DATE PLEDYMONTH. OF ON GUILLE JAINE STRANGE ST	TH UTEM 27) (Typo, Printed Actions of the Control o	Bult.	Md 212	.18					

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FLINERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	

Ž.	1. DECEDENT'S NAME (First, Middle, Last)		KA: Re	nee	K199		2. DATE OF MONTH		- 97	EAR 3	TIME OF DEATH
Ī	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, E	BIRTH Day Mart	4.	BIRTHPL Country)	ACE (State or Foreign
	\$ 553-14-1312	1 🗆 M 2 💢 F	7.	YRS.	MONTHS DAYS	HOURS MIN.	-	1-15	PI		ginia
	Se. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEA	тн
	Levindale Geria	tric Cen	ter		Baltin	more City				-	to the last life and the said
	RESIDENCE OF DECEDENT	,		10c. CI1	TY, TOWN OR LOCA	NOITI	_			1	od. INSIDE CITY
1	Md. Ha	rford			Abing	gon				1	LIMITS?
	100. STREET AND NUMBER 502 Ramble	wood Dri	ive		.16	of. ZIP CODE 2	1009		10g. CITIZEN	US/	AT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S.	ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN?	(Specify Ye	e or No- 14	RACE -	- American Indian,
	11 Never Married 2 Married	FORCES?	WAR OR DATES	NO		pecify Cuban, Mexic S 2 NO Speci		an, etc.)		Specify:	White, etc.
3	A ON										White
	15. DECEDENT'S EDU	completed)	18a.		S USUAL OCCUPAT work done during m		16b. K	IND OF BU	ISINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)						- 2		
	17. FATHER'S NAME (First, Middle, Last)			ttend	ant	10. MOTHER'S N		osoii			_
- 11						_	-	ICIO, Malcieri	Sumame)		
	Robert Kidd  19e. INFORMANT'S NAME (Type/Print)			19b. MAJLIN	G ADDRESS (Street	and Number or Rural	Boute Number	City or Tou	vn Stata Zin Co	odel	
											W4 03.00
1	Beverly Owe		20b. PLA		TE OF DISPOSITIO	od Drive	DATE		Abinde		
1	201 METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	of cemet	arv. cremator	ry or other place!		/10/1				
	4 C Douglast o C otto loboom		1 0 300	nama	Danle Car						Managara
	21. SIGNATURE OF FUNERAL MERVICE LIC	ENSER	lorr	aine	Park Cer			772	Balti		Marylar
	21. SIGNATURE OF FUNERAL BERVICE LIC	TINSES	Horn	aine	22. NAME /	netery 4 AND ADDRESS OF F Zdzinski	ACILITY				<u>Marylar</u>
	23. PART I. Enter the diseases, or shock, or heart failure.	complications this	at catilised the	deeth. Do	22. NAME Brus	AND ADDRESS OF F.  2dzinski  7 Eastern  ode of dylng, su	Funera Aven ch as cardle	al He	ome P.A	Mar.	yland 212 Approximate Interval Between
	23. PART I. Enter the diseases, or shock, or heart failure.	DUE TO	at called the on each 1	deeth. Do Ine. SEQUENCE (	22. NAME Brui	AND ADDRESS OF FA 2dzinski 7 Eastern	Funera Aven ch as cardle	al He	ome P.A	Mar.	yland 212 Approximate Interval Between Onset and De
	23. PART L Enter the diseases, or shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	at called the on each 1	deeth. Do Ine. SEQUENCE (	22. NAME Brui	AND ADDRESS OF F.  2dzinski  7 Eastern  ode of dylng, su	Funera Aven ch as cardle	al He	ome P.A	Mar.	Marylar yland 212 Approximate Interval Betwo
4	23. PART I. Enter the diseases, or shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	D (OR AS A CON	deeth. Do Ine.  SEQUENCE (	22. NAME Brus	NO ADDRESS OF FI Edzinski 7 Eastern ode of dying, su	Funeral Aven	al He	N AUTOPSY PRIMED?	Mar.	Approximate Interval Betw Onset and Do
4	23. PART I. Enter the diseases, or shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	D (OR AS A CON	deeth. Do Ine.  SEQUENCE (	22. NAME Brus	NO ADDRESS OF FI Edzinski 7 Eastern ode of dying, su	Funeral Aven	EL HOLD TO THE PERFO	N AUTOPSY PRIMED?	Mar.	Approximate Interval Batwa Onset and De Constant Property Finds To Manual English Prior To Manual Engl
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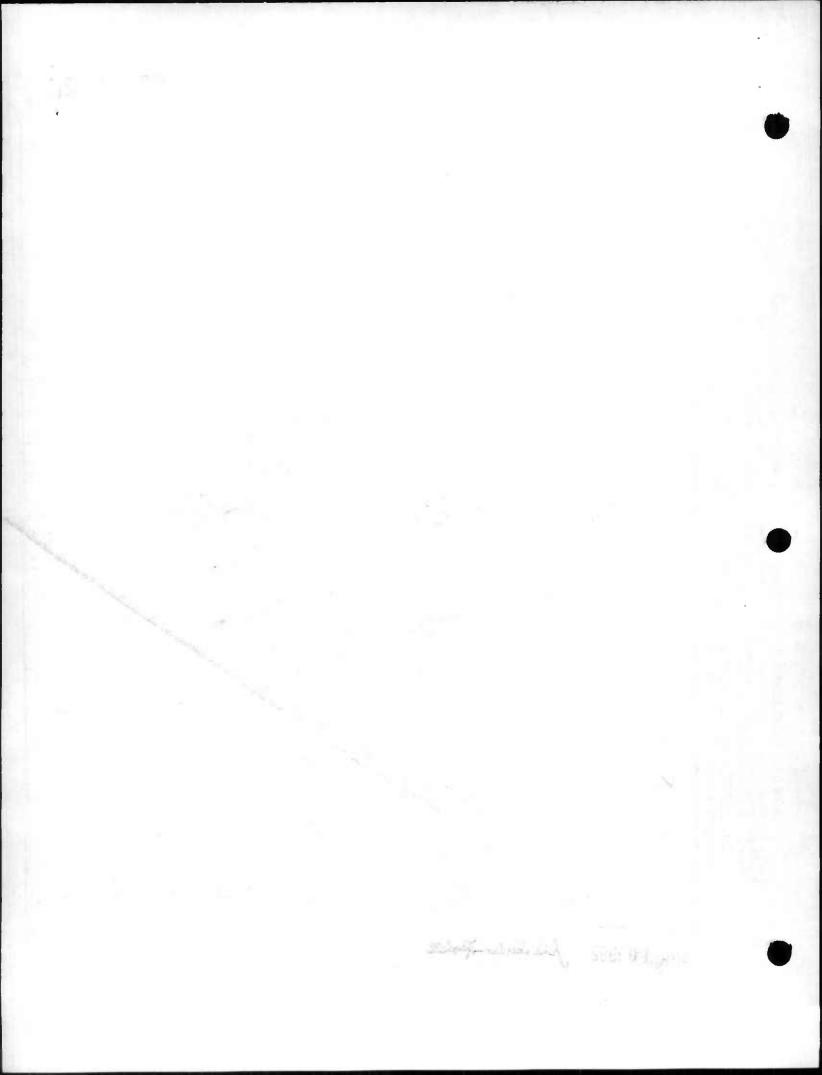
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 10020

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	).	20
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Myung	Н.	Lim			4 8	92	0.15
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		
	<b>220-</b> 33 <b>-</b> 9956	1 M 2x F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	B. BIR	THPLACE (State or Foreign intry)
			64 YRS.			8-2-27	Ko	rea
_	9e. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
5	2146 Aiken Stree	t 21218			Baltimor	.0	Baltimo	ro City
5	RESIDENCE OF DECEDENT				Darcimor	-	partimo	re city
분	10e. STATE 10b. COUNT	Υ	10c. CITY	TOWN OR LOCA	ION			10d. INSIDE CITY
DIRECTOR	Maryland Ba	ltimore Cit	- 37	Rolt	imore Ci	+		LIMITS?
اب	10e. STREET AND NUMBER	TCIMOIC OIL	- У		ZIP CODE	Ly	I	WHAT COUNTRY?
Ì	21/6 4:1 6	ALLE I AL		1		•	log. CITIZEN OF	WHAT COUNTRY?
	2146 Aiken S				2121			orea
LONEHAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Year, Puerlo Rican, etc.)	s or No 14. RA	CE — American Indian, ack, White, etc.
2	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, OIVE WAR O	R DATES		2 NO Specifi		93-	ecily:
	3 Minored 4 Disorced				20			Oriental
1	15. DECEDENT'S EDU (Specify only highest grade	CATION	160. DECEDENT'S L			16b. KIND OF BU	SINESS/INDUSTRY	
ų	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st of working			
۲ ا	High School		House	ewife			***	
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)		nous	CWILE	Ellisanos literati			
		77.3			18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
n n	Dong H.	Klm				ng K. Kim		
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	
- 1	Mr. Chong Lim		3 Hill	ery Cou	rt Rand	allstown,	MD 2113	33
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE OF				CATION City or	
- 1	1 Donation 5 Other (Specify)		cemetery, crematory or oth	er place)				
	21. SIGNATURE OF PUNERAL SERVICE LIN	CENSEE	Carroll Ci		D AODRESS OF FA	4/1W Har	npstead,	Maryland
	.					Funeral Di	rectors	Inc
	amar	- B C	over			oad Randa		
	23. PART i. Enter the diseases, or	complications that cau	sed the death. Do no	t enter the mo	de of dular end	bas service as succ	LISCOWII	
	ahock, or heart failure.	List only one cause o	n esch line.		ac or dyning, sac	a cardiac or reap	natury strest,	Approximata Interval Batween
	iMMEDIATE CAUSE (Final disease or condition		1. W.		- 10/-1	1		Onset and Death
	resulting in desth)	a(	aroula	C	arres	7		
		DUE TO (OR /	S A CONSEQUENCE OF		1 -11			
	ben a second control of	· /	1ears	cel	Tack			
CENTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR /	S A CONSEQUENCE OF)		· ·	,	1	
5	cause. Enter UNDERLYING		Mia	MILE	Carell	ac hig	Liket	2m
É	CAUSE (Disease or injury that initiated eventa	DUE TO (OR A	S A CONSEQUENCE OF	11/0	capaci	, por	67/-11	
	resulting in death) LAST			1 +	11/100	v touk	ion:	i
3		4		0/	1/1	1-10-1-		
	PART II. Other significant condition	s contributing to deat	h but not resulting in	the underlying	cause given in	Part I. 24s. WAS AN	AUTORSV 124	No. WERE AUTOPSY FINDINGS
§	land the desired and the second	TO MANUAL THE STATE STATE OF THE		/	PERFOR		AVAILABLE PRIOR TO	
5					r	1 □ YES 2	1500	OF DEATH?
								1 TYES 2 THE
	25. WAS CASE REFERRED TO MEDICAL	AND STREET, ST		26. PL	ACE OF DEATH (Che	esk onte one?		
3	EXAMINER?	HOSPITAL:		THER:	1/	are only only		
	27. MANNER OF DEATH	1 D Inpatient 2 D ERIC		Mursing Home		B ☐ Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Yey	29th TIME	OF 28c. INJI		284. DESCRIBE HOW I	LJURY OCCURED	
	2 Accident Investigation	N	IN NI	74 1 TY	ES 3 NO	N	14	
	3 Suicide 6 Could not be	28e. PLACE OF INJS building, etc. (5	ffey - At home, farm, atr	eet, factory, office		381. LOCATION /Street a	end Number or Rural	Route Number
	4 Homicide determined		gracing)	1	1/4	City or Yours, State)	1114	
	29a. CERTIFIER	_			///		1011	
	(Check only T CERTIFYING PHYSI	CIAN: To the beat of my kr	lowledge, death occurred	at the time, date	end place, end due	to the cause(a) and man	mer as stated.	
	2 MEDICAL EXAMINE	R: On the beels of examina	tion end/or investigation.	In my opinion, de	ath occured at the	time, date and place, an	d due to the cause	(a) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		721	2	29c. LICENSE NUM			
	Ho 1		2 Mi	12	J J D	002	29d. DATE SIONE	D (Month, Day, Year)
	M HAME AND ADDRESS OF STREET	· · · · · · · · · · · · · · · · · · ·		-	120	110	41	108/92.
-	36. HAME AND ADDRESS OF PERSON WHO						1	
	Dr. Ha Ju	ing	1800 North	Charles	Street	Baltimo	re. Mn	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	GNATURE				,	
	ADD 1 0 1992 94	in wendon-1	- Marian					



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE 0	F MARYLAND / DEPARTN CERTIFIC	IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	10021					
	1. DECEDENT'S NAME (First, Middle, Last)  BB (Robby Ann)	McKenzie		2. DATE OF DEATH MONTH 3	92 2125 PM					
	1 X M 2 🗆	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 HMS.  7. DATE OF E (Month, De 3.								
TOR	9a. FACILITY NAME (If not institution, give street and number  FFANCIS SCOTT Key  RESIDENCE OF DECEDENT	Medical Center	BOH MORE	-T)	altimore					
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER		101. ZIP CODE	10g. CiTi	ZEN OF WHAT COUNTRY?					
BY	3 Widowed 4 Divorced IF YES, GI	DENT EVER IN U.S. ARMED 1 YES 2 NO VE WAR OR DATES	13. WAS DECENDENT OF NISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 of		done during most of working	166. KIND OF BUSINESS/IND	USTRY					
BE CON			18. MOTNER'S NAI	ME (First, Middle, Malden Surname)	nzie					
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI 9538	C4 Backdog	Alley Easton						
	20a. METNOD OF DISPOSITION  1  Burlat 2  Cremation 3  Removal from State  4  Donation 5 Other (Specify)	20b. PLACE AND DATE OF DI cemetery, cremetory or other	ISPOSITION (Name of	DATE 200. LOCATION - 0						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Francis Scott Key M	edical Center	22. NAME AND ADDRESS OF FAM		21224					
	23. PART I. Enter the diseases, or complicatione ahock, or heart failure. Liet only one IMMEDIATE CAUSE (Final	that caused the death. Do not a	enter the mode of dying, auci	as cardiac or respiratory arm	Approximate Interval Between Onset and Death					
CERTIFICATION	CAN	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  CAUSE (Disease or Injury CAUSE (DISEase or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease								
AL CEF	PART II. Other significant conditions contributing	to deeth but not resulting in the	ne underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICA		recks gestation	<u></u>	PERFORMED?  YES 2 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL		26. PLACE OF DEATH (Che	ick only one)						
PHYS	1	2 ER/Outpetient 3 DOA 4 COF INJURY h. Day, Year) 28b. TIME OF INJURY	Nursing Nome 5 Residence 28c. INJURY AT WORK?	6 Other (Specify)  28d. DE\$CRIBE NOW INJURY OCC	URED					
red BY		2 Accident Investigation 3 Suicide e Could not be  28. PLACE OF INJURY — At home, farm, street, factory, office building, arts, (Specify)  28. PLACE OF INJURY — At home, farm, street, factory, office  28. LOCATION (Street and Number or Rural Route)								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals									
TO BE C	296. SIGNATURE AND FITTE OF CERTIFIER		29c. LICENSE NUM	BER 29d. DATE	INED (Month, Day, Year)					
	Vicki Rose, MD	Francis Sco	it Koy Medica	of Center, Ba	Himore, MD					
	APR 1 0 1092 A Contract	1.		,	/					

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STATE OF STA	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	rith the State Dept. of Health and Memal Hygiene prior to burlal, cremation, or removal.
urcour	requires that the	yeen signed by	. of Health and
7	: The law	cate has t	State Dept
	PSICIAL	is certifi	ith the
	ENOING PI	R: After th	ier death with
	OR ATTR	DIRECTO	nours aft
	THE HOSPITAL	THE FUNERAL	Sed within 72 I.

IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR	STATE OF MARYLA		IT OF HEALTH AND	MENTAL HYGIENE REG. NO.	26	10022		
1. DECEDENT'S NAME (First, Middle, La	nk Darby	Moran		2. DATE OF DEATH A PILL 8,	1992 YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 218-16-1100  98. FACILITY NAME (If not institution, gi	1 × M 2 □ F 6	YRS. MONTHS		7. DATE OF BIFTH (Month, Day, Year) 11-22-23	Ma	ryland		
	e Rd.	96. CI	Pasadena	БЕАТН	Anne A	Arundel		
10a. STATE 10b. COU		10c. CITY, TOWN	on Location Pasadena			10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 7801 Chesapea	ke Rd.		101. ZIP CODE 2 1 1 2	2	10g. CITIZEN OF	WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	N. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 — YES 2 NO Spec	an, Puerto Rican, etc.)	Ble	14. RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S 8 (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired ELECTRA	e during most of working )	166. KIND OF BUS				
17. FATHER'S NAME (First, Middle, Last)		- CLECUIL		AME (First, Middle, Maiden )				
Frank	D. Moran			erine	McClair	ı		
190. INFORMANT'S NAME (Type/Print) Edith Moran			ss (Street and Number or Plura) sapeake Rd.			2		
20e, METHOD OF DISPOSITION 1	emoval from State 20b.F	PLACE AND DATE OF DISPLACE OF THE PLACE OF T	emetery 4/1	1/92 Glen	Burnie			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE .	(32)	r. NAME AND ADDRESS OF F Stallings Fu 3111 Mountai	neral Home		21122		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	t not resulting in the o	underlying cause given in	1 Part I. 24a. WAS AN / PERFORI	MED?	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lorus	26. PLACE OF DEATH (C	heck only one)				
1 O YES 2 NO	1 Inpatient 2 ER/Outpet		ursing Home 5 Residence					
1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DESCRIBE NOW IN	JURY OCCURED			
2 Accident Investigation 3 Suicide 6 Could not 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Specifi	- At home, term, atreet, to	term, street, factory, office 28f. LOCATION City or Town			Route Number,		
	YSICIAN: To the best of my knowled					s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTS	ughlin m	0	29c. LICENSE NU	MBER 679	29d. DATE SIGNÉ	(Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEAT	N (ITEM 27) (Type, Print)	Mountan	in Rel. M	asad	leces. The		
APR 1 0 1992	32. REGISTRAR'S SIGNAT			1		21122		

2	9	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 Jours after death. Pa	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	management is the the section of the 99 shows one interest or other bounds areas the medical eventuals
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Athin	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	tot
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	REGISTRAN		OL.		OAIL	01 1	LAIII		AEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
	Elvin Montag		E (In vrs. lest	Almaria I				4	8	92	THE ACT (1)
					MONTHS D		IF UNDER 24 HRS.	7. DATE OF (Month, D	mr. Wunch	Cou	ITHPLACE (State or Foreign intry)
	2/6-07-0770 1\mathbb{M} 2 □ F 83 YRS.							/-			rth Carol
_	9a. FACILITY NAME (If not institution, give stre						LOCATION OF E	EATH		9c. COUNTY OF	DEATH
Ö	Residence 1812	Laurens	St.		Ba	lti	more				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CITY.	TOWN OR	LOCATIO	N				10d. INSIDE CITY
<u>E</u>	Md.				Balt	imc	re				LIMITS?
	10a. STREET AND NUMBER			1			IP CODE			10a. CITIZEN O	F WHAT COUNTRY?
FUNERAL	1812 Laurens St	t.				2	1217		1	US	
٣I		12. WAS DECEDENT EVER	IN U.S. ARI	MED	13 WM		IDENT OF HISPA	NIC OBIOINS	Specify Yee o		VCE — American Indian,
BÁ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 2N	0	1 [	YES 2	ty Cuben, Mexic	en, Puerto Rici ily:	in, etc.)	BI	eck, White, etc. pecify: Black
	15. DECEDENT'S EDUCA (Specify only highest grade of		18a. DE0	CEDENT'S U	JSUAL OCC	UPATION	of working	16b. KI	ND OF BUSIN	NESS/INDUSTRY	1
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ve kind of wo Do NOT use			or worting				
Ē			Lo	ngsh	orem	an		Sh:	ippin	ig Ind	ustry
5	17. FATHER'S NAME (First, Middle, Last)						IS. MOTHER'S N	AME (First, Mid	die, Maiden St	umame)	
BEC	Lonnie T. Monta	ague					Emma	Jone:	S		
	19a. INFORMANT'S NAME (Type/Print)	-								State, Zip Code)	
2	Mr. Elvin Monta	ague Jr.	11	812	Laur	ens	St.	Balto	. , Md	1. 212	17
	20a, METHOD OF DISPOSITION 1 Strial 2 Cremation 3 Remove	ed from State	other pla	OF DISPOSI	TION (Name	of come	tery, crematory or		20c. LOC/	ATION — City or	Town, State
	4 Donation 6 Other (Specify)	rai front state	King	Mem					Wood	llawn	Maryland
	21, SIGNATURE OF FUNERAL SERVICE LICE				22, N/	ME AND	ADDRESS OF F	ACILITYDe	rrick	C. J	ones F.H.
	Dernet C.	Jone	0		46	11	Park 1	Heigh	ts Av	e. Ba	lto.Md. l
	ahock, or heart fellure. L' IMMEDIATE CAUSE (Final disease or condition resulting in desth)		met	asta		600	stric	Caric	er		Interval Betwe Onaat and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	DART II Other significant conditions	contribution to death	hist mat a	naultina la		- dulma	seves elves l	- Book I I o	4- 400 411 4	umany I	24b. WERE AUTOPSY FINDIN
: MEDICAL	PERFORMED? AL  1 □ YES 2 NO OI								246. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DEATH	Check only one)			
200	EXAMINER?	HOSPITAL:	outpatient 3	□ DOA	OTHER:		5 Residence	8 Other (	Saecify)		
РНУ	27. MANNER OF DEATH	28a. DATE OF INJUR	TY	28b. TIME	E OF 2	Bc. INJU	RY AT		, ,,	JURY OCCURED	)
	1 Natural 5 Pending	(Month, Day, Yes	er)	INJ	M	WOR					
IED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								ral Route Number,		
BE COMPLE	29a. CERTIFIER (Check only one)  1 CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)										
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE	M 27) (Time	Print)		13	1205		- 4-	10.10
	TERANCEL	AMB M	0	LIC	3ert	41	roded	cet	3 B.	altimo	end
	31. DATE FILED (Month, Day, Year) APR 1 0 1992	32. REDISTRAR'S S	IGNATURE	مالا							

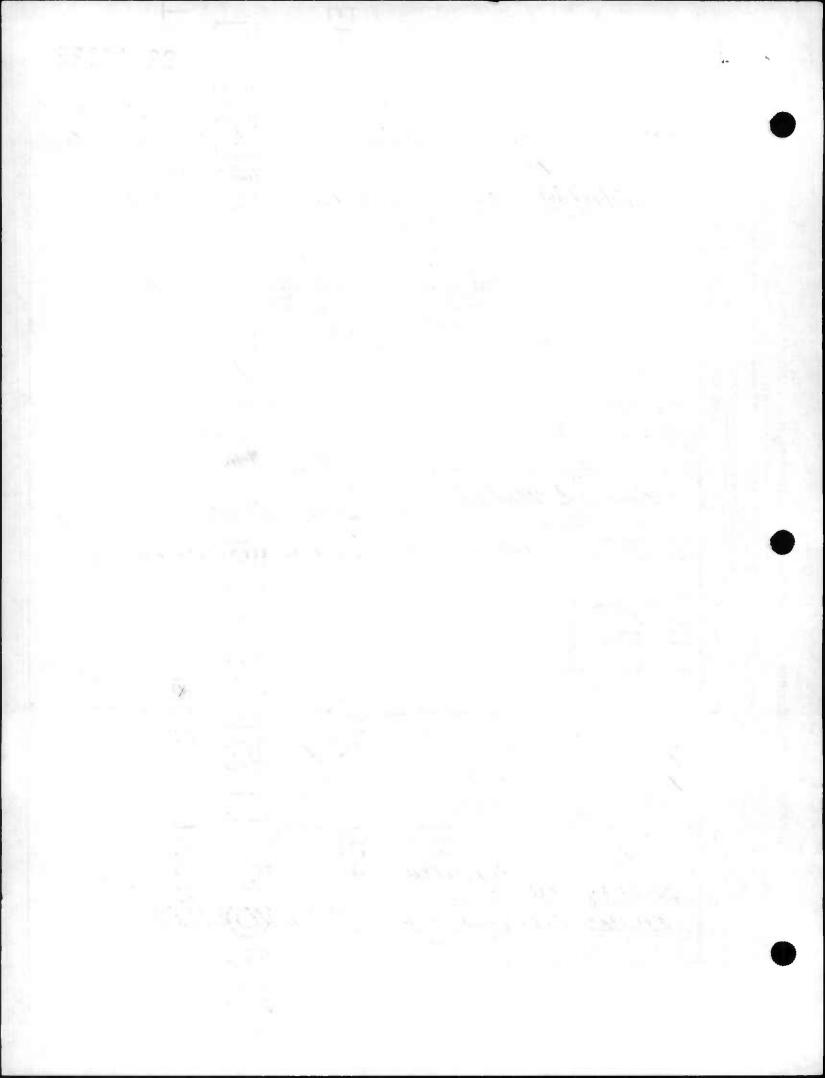
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	92	10024						
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Paule He P. Mc Bride WOOLFORD  2. DATE OF DEATH MONTH DAY 7 92	2. TIME OF DEATH 733 PM						
	2/7-68-4635 1 M 2 VF 35 YRS. MONTHS DAYS MOURS MIN. 12-12-186	BIRTHPLACE (State or Foreign Country)						
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN DRILOCATION OF DEATH  9c. COUNTY  Ba!  Ba!	TIM ON						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Baltimore Baltimore	10d, INSIDE CITY LIMITS? 1 DYES 2 NO						
FUNERAL	100. STREET AND NUMBER  3233 Gulf port Drive  101. ZIP CODE  21225  U.	OF WHAT COUNTRY?						
B₹	11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO 114.  14. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes or No— 14.  15. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes or No— 14.  16. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes or No— 14.)	Black, Whita, etc.  Specify:  13/4 C K						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Disabled  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  Disabled							
BE CON	17. FATHER'S NAME (First, Middle, Last)  Abraham Morrison  18. MOTHER'S NAME (First, Middle, Malring Surmange)  AZOLE MULTCH	en						
10	Jerome, Woolford 3233 Aulfoort Dr. Baltimore 1	4621225						
	4 Donation 8 Other (Specify) Company C	or Town, State TOWN, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Wm. C. March F. H. / LON C.	North Ave.						
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final	Approximata Interval Between Onset and Death						
	disease or condition a. A TYPO V c / 9m/a  BUE TO (OH AS SCONSEQUENCE OF):							
LION	Sequentielly list conditions, if any, leading to immediate DUE TO (DR AS A CONSEQUENCE OF):							
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events  C. DUE TO (OR AS A CONSEQUENCE OF):	/ year						
	resulting in death) LAST  d.							
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1   YES 2   WHO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
		1 WES 2 ND						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
ву Рну	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF NJURY AT WORK?  1 Ves 2 ND  28d. DESCRIBE HOW INJURY OCCURE NJURY 1 Ves 2 ND	:0						
	2 Accident investigation 3 Sulcide a Could not be detarmined  28a. PLACE OF INJURY — At homa, farm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At homa, farm, street, factory, office City or Town, State)							
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner ea stated.  2 MEDICAL EXAMINER: Do the best of axemination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and menner ea stated.	use(a) and manner ea stated.						
O BE C	Mare 2 100m, MD DEA AU 417873831 > 4.	SNED (Month, Day, Year)						
1	30. HAME AND ADDRESS OF PERSON WHY COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							

J.N :51-21-41 STATES STATES MO Ellery Breeze Appel to so story 438 J Golf 323 Hulf fort Drikellimore This 323 MT Zion Conetera I maleure ME Was Cilled & H. Ing Shere Mrs.

TO THE HOSPITAL OR ATTRONING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Memtal Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MA	RYLAND / DEPART CERTIFIC	MENT OF HEALTH CATE OF DEAT		TAL HYGIENE REG. NO.	1	Canaraced
	1. OECEDENT'S NAME (First, Middle, Lest)	0 41			ATE OF DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6.		F UNDER 1 YEAR   IF UNDER	24 100 7 04	4 5 TE OF BIRTH	92	HPLACE (State or Foreign
	215-10-1147 12 M 2 🗆 F		ONTHS DAYS HOURS	Mare. (M	Jonth, Day, Year)	Coun	cyland
	9e. FACILITY NAME (If not institution, give street and number)		Bb. CITY, TOWN OR LOCATE			9c. COUNTY OF	
OR	31 Partcherd and H-	Z	aberlien		547	Hay	and
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
DIR	Maryland Harford	Abo	erdeen				LIMITS?
AL.	10e. STREET AND NUMBER		10f. ZIP CODE	E		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	21 D-1 Lincoln Ave.,					USA	
BY FU	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT FORCES? 1 X IF YES, GIVE WAR		13. WAS DECENDENT O	n, Mexican, Pue		r No- 14. RAC Blac Spe	E — American Indien, ck, White, etc. city: White
ED	15. OECEOENT'S EOUCATION (Specify only highest grade completed)	16a. OECEDENT'S U	SUAL OCCUPATION rk done during most of worldi		16b. KIND OF BUSIN	IESS/INDUSTRY	
LET	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use	retired.)	"			
COMPLET	8	Painte			Self E		ed .
	17. FATHER'S NAME (First, Middle, Last) Wesley W. Mason				nn Twis		
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number			-	
5	Ronald W. Mason	Box 3	L1, R.D. #	1, Ge	orgetow	n, DE	19947
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 \( \text{Disposition} \) Cremation 3 □ Removal from State	20b. PLACE AND DATE	or DISPOSITION (Name or other place) Yorkto Cremation	OWNER	DATE 20c. LOCA	ATION — City or 1	own, State
	4 Donetion a Other (Specify)	Caskets Inc	c. Cremation	Ser.	19/92 Yor	k, PA	17405
	21.00 am	1//	J.J. Har 24 Secon	OU OI I MOILITI			
	23. PART I. Enter the diseases, or complications that of						PA 17349
	shock, or heart failure. List only one ceuse IMMEDIATE CAUSE (Final disease or condition resulting in death)		Cardini				Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	R AS A CONSEQUENCE OF)					
MEDICAL	PART II. Other significant conditions contributing to d	eath but not resulting in	the underlying cause	given in Part	1 YES 2	ED?	No. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF C	DEATH (Check on	ly one)		
PHYSICIAN:	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 E		OTHER:	esidence 6 🗆	Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	JURY 28b. TIME INJU	RY WORK?	28d.	OESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	NJURY — At home, farm, st c. (Specify)	reet, factory, office	281.	LOCATION (Street on City or Town, State)	d Number or Rura	Route Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the bast of m MEDICAL EXAMINER: On the basis of examiners.						(s) and manner se stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  LINEAR J. CALLE M. B.  30. NAME AND ADDRESS OF PERSON WHO/COMPLETED CAUSE		7	C 119	4	29d, DATE SIGNE	ED (Month, Day, Year)
	RICHARD J. COLF	ER, MP.	Print) 20/3	Dell	ugtan,	Mid	
	APR 1 0 1992 32. REGISTRAR	s signature			V		



Pages 1, 2, 3 should

permit.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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92 10026 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH () A YEAR SANDRA LEE MAYNOR 05 1992 11:38 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Morith, Day, Year) BIRTNPLACE (State or Foreign Country)
 VIARYLAND MONTHS DAYS HOURS 217-52-7874 1 M 2 X F 42 YRS. ,1950 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SAINT AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MARYLAND BALTIMORE 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5416 ADDINGTON ROAD USA 21229 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced CD. 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12th GRADE SOCIAL SECURIN OFFICE CLERK ADMIX 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) KING THEODORE MURRIEL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CLIFFORD MAYNOR 21229 ADDINGTON ROAD BALTO, MD 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State cemetery, crematory or other place) 4 ☐ Donation 6 ☐ Other (Specify) Co BALTU. MD PARK 21. BIGHATURE OF FUNERAL SERVIGE LIC 22. NAME AND ADDRESS OF FACILITY NUTTER FUNCTION
2501 GUYNNS FALLS PKUY Homes Bang 2501 GWYNNS BALTO. mo 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, of heart fellure. List only one cause on each line. Approximata Interval Betwe IMMEDIATE CAUSE (Finel **Onest and Death** disease or condition resulting in death) PULIFONARY TAROMBO EMBOLISM

DUE TO (OR AS A CONSEQUENCE OF): PEEP LEG VEIN THPEMBOSIS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in daeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 NO OF DEATH? 1 FES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL

28. PLACE OF OEATN (Check only one) **EXAMINER** HOSPITAL: 1 X YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

Zon. GENTIFIER	1 CERTIFYING PHYSICIAN: To the best of my knowledge death assumed at the state of t
(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated,
one)	
	2 DEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(s) and menner at

2 REDICAL EXAMINER: On the basis of examination and/o	r investigation, in my opinion, death occured at the time, data and place	, end due to the cause(a) and menner as stated.
SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d DATE SIGNED (Month Day Year)

	SAC ELOPINATE HAMDEL	290. DATE SIGNED (MONTH, Day, 188/)
My talled Hy	O.C.M.E.	▶ 04/06/1992

GO LIVING WIND WIND WAS A LEUZOIL MINO	COMPLETED CHOSE OF DEATH (ITE	W 27) (Type, Print)				
MARIO + GOLLE,	JR. My	111 PENN	STREET	BALTIMORE,	MARYLAND	21201

31. DATE FILED PATORITY DON YOUT 992 32 REGISTRAN SIGNATURE NO.



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BALTIMORE, MARYLAND	TO THE MOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	OSPITA	<b>JNERA</b>	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E I
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Dana Coats 9
31. DATE FILED (Month, Day, Year)
APR 1 0 1992

9000 Franklin Square Drive,

3 REGISTERS SIGNATURE

Baltimore, Md. 21237

	FOR 1 - STATE		STATE OF M	IARYLAND	/ DEPAR	RTMEN	T OF I	HEALTH	AND	MENTA	I HYGIFI	NF .	32	1002	21
	REGISTRAR							DEAT			REG. NO				
	1. DECEDENT'S NAME (First, M	fiddle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEA	TN
	Guy		rnett	NELS						Apr			1992	8:00	Рм
	4. SOCIAL SECURITY NUMBER 230 16 2681	R	5. SEX	6. AGE (In yrs. Ia	yrs.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE 02/	of BIRTH 1. Day, Year) 19/191	12	Count	PLACE (State or I	Foreign
	9a. FACILITY NAME (If not instit	tution, give str	eet and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE	EATN		9c. CO	UNTY OF E		
DIRECTOR	Franklin Sq	uare	Hospital	Center		Ros	ssvi	11e 2	2123	7		Ba	ltimo	re Coun	ty
W.	10a. STATE 1	06. COUNTY			10c. CI1	Y, TOWN	OR LOCA	TION						10d. INSIDE CIT	Υ
<u>a</u>	Maryland	Balti	more		M	iddl	e Ri	ver						LIMITS?	NO
AL	10e. STREET AND NUMBER						10	H. ZIP CODE				10g. CI	TIZEN OF Y	WHAT COUNTRY?	
E	22 Helicopte	r Dri	ve						212	20			U.S.	Α.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	WAS DE	CENDENT O	F HISPAN	NIC ORIGIN	? (Specify Y			E American Ind	llen
ВҰ	1 Never Married 2 7 Mi 3 Widowed 4 Divorce	arried ed	FORCES? 1	YES 2 XX	NO		If yea, ap	pecify Cuba S 2 NO	Specify		Rican, etc.)		Spec	k, White, etc.	
ED	15. DECED (Specify only h	ENT'S EDUC	ATION completed)	16a. Di	ECEDENT'S	USUAL C	CCUPATI	ON ost of workin		16b	KIND OF BI	JSINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0-12		College (1-4 or 5+	) Inc	Do NOT u	se retired.)									
MP	7			F	ork l	Lift	0pe	rator		(	Genera	1 Mo	tors		
Ö	17. FATNER'S NAME (First, Midd							18. MOTH	ER'S NA	ME (First, I	Middle, Maide	n Sumame)			
BE (	Mark G. Ne	lson						Sar	ah	Cor	nett				
TO B	19a. INFORMANT'S NAME (Type	s/Print)		19	b. MAILING	AODRES	S (Street	and Number	or Rural I	Route Numi	ber, City or To	wn, State, Z	ip Code)		
F	Grace E. Nel	son	(wife)		22 He	elic	opte	r Dr.	Mid	ddle	River	MAr	vland	1 21220	
	20a. METHOD OF DISPOSITION			20b. PLACE	AND DATE	OF DISPO	SITION /N	ame of		OAT	20c L	DCATION -	City or To	nun State	
	1 X Buriel 2 Cremetion 4 Donation 5 Other (S)		val from Stata	HOILV	ematory or o	ther place	nori	al Ga	rde	ns 4	/1 /92	Bal	to Co	.,MAryl	and
	21. SIGNATURE OF FUNERAL	ERVICE LICE	NSEE	4		22.	NAME A	ND ADDRES	S OF FA	CILITY	1 Hon	Dal		, , , , , , , , , , , , , , , , , , ,	·
		L)	0-												
	non land	12	P	-		14	407	Easte	rn A	Ave.	Balti	more	MAry	/land 21	.221
	23. PART I Enter the diss shock, or hee	rt fellure. L	ist only one caus	caused the di	eath. Do i e.	not enter	r the mo	oda of dyl	ng, auc	h aa card	llac or reap	piratory a	rrest,	Approxin	
	iMMEDIATE CAUSE (Fine)													Onset an	
	reaulting in death)		Septio	Shock											
NO	Sequentially list condition	b.	Bilate	rial Pr	neumo	nia								1	
CERTIFICATION	if any, leading to immedia cause, Enter UNDERLYING	te					- 1								
2	CAUSE (Disease or injury		End Sta	GE AIZI			Dise	ease							
Ē	that initiated events resulting in death) LAST		DOE 10 (	OH AS A CONSE	OUENCE O	F):									
点		d.													
انا	PART II. Other algnificant	conditions	contributing to	death but not	resulting	in the u	nderiyin	g cause g	iven in	Part i.	24s. WAS AI	AUTOPSY	24b	. WERE AUTOPSY F	INDINGS
EDICAL								- VAE		61		RMED?	-	AVAILABLE PRIOR	TO
밀										-	1 TYES	AN NO		DF DEATH?	
M										— i				1   YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO N	#EDICAL													
S	EXAMINER?	-	HOSPITAL:		1.50	OTHE	R:	LACE OF DE							
¥	1 VES 2 NO		1X Inpetient 2   28a. DATE OF I					10 5 □ Rei	sidence						
	1 Natural 5 Per	nding	(Month, Day	y, Ybar)	28b. TIM	URY	WC	DRK?		28d. DES	CRIBE NOW	INJURY OC	CURED		
BY	- C recovering	estigation	200 DI ACE OF	IN HIPPY As I				YES 2	NO						
G		uld not be ermined	building, e	INJURY — At he tc. (Specify)	me, term, :	Hreet, fac	tory, offic	•		281. LOC.	ATION (Street or Town, State	and Numbe	r or Rural F	loute Number,	
ш	no- organization						-								
COMPLETED			AN: To the beat of n												
ō	one) 2 MEDICA	L EXAMMER	96 the heats of gla	mination and/or	Investigatio	n, In my o	opinion, d	leath occure	d at the	time, data	and place, a	nd due to t	he cause(a	) and manner as :	stated,
ш	296 SIGNATURE AND TITLE OF	Capteripies	X					29c. LICE	NSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)	
0 8	( May	Xl	100	18								•	4/8/	9-	

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	O.	
	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	HARRY K. POHL				8 92	
		. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 H	fa.t	8. Bit	RTHPLACE (State or Foreign untry)
	112-03-3989 1 X M 2 D F	84 YAS.	MONTHS DAYS HOURS M	Month, Day, Year)		New York (City)
_	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LOCATION		9c. COUNTY O	
OH	107 Versailles Circle		Towson		Balti	more
등	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	200				
<u> </u>		10e. CI	TY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
5	Maryland Baltimore		Towson		,	1 TES 2 NO
FUNERAL DIRECTOR			10f. ZIP CODE			F WHAT COUNTRY?
N.	107 Versailles Circle 11. MARITAL STATUS 12. WAS DECEDENT		21204		USA	
王	1 Never Married 2 Married FORCES? 1	XYES 2 NO	If yes, specify Cuban, M	SPANIC ORIGIN? (Specify Yourican, Puerto Rican, atc.)	ea or No— 14, R	ACE — American Indian, lack, White, atc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAI	OR DATES	1 TYES 2 NO S	pecify:	Sį	pecify:
0	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION	16h KIND OF BI	USINESS/INDUSTR	White
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of life. Do NOT u	words done during most of working	100.11110 01 01	55/110037A	'
립	12	Sales	man	R. I. Res	nolds C	0
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			S NAME (First, Middle, Maide		0.
BE C	Unknown Poholsky			nown	,	
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or F	ural Route Number, City or To	wn, State, Zip Code)	
2	Howard Gates	I	Wyngate Rd.,			
	20a. METHOD OF DISPOSITION	20b PLACE AND DATE	OF DISPOSITION /Name of	DATE 200 L	OCATION Chu a	Town, State
	1   Buriel 2   Cremation 3   Ramoval from Stata 4   Donation 5 X Other (Specify Entomorial Ent	Dulaney Va	alley Mem.Gdns	4/10/92 Tin	nonium.	Md.
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE	1/	22. NAME AND ADDRESS C	F FACILITY		
	* (Know) ( Velish	K.		Funeral Ho		
	23. PART I. Enter the diseases, or complications that	eused the death. Do	not enter the mode of dying	Rd. Towson,	Md. 2120	Approximate
	ehock, or haert fallura. List only ona cause	on aech ilne,			on actory or roat,	Interval Between
- 4	disease or condition	terra				Onset and Death
	resulting in death) a. Landiac OUE TO (0	R AS A CONSEQUENCE O	F):			
z	Knows	review (or	encuy anthy	Lineare		i
은	Sequantially list conditions, If any, leading to immediate	AS A CONSEQUENCE O	F):	20.4.0		
2	cause. Enter UNDERLYING CAUSE (Disease or Injury					
H	that initiated eventa OUE TO (O resulting in death) LAST	R AS A CONSEQUENCE O	F):			
CERTIFICATION	d					
اي	PART II. Other algnificant conditions contributing to de	ath but not reaulting	in the underlying cause give	in Part i. 24a, WAS AI	N AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
DICAL	History of conjective here	of failure			RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEO	, 4			1 TYES	2 ( <u>)</u> () ()	OF DEATH?
=						1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH	(Check only one)		
Sic	EXAMINER?  1   YES 2   1	R/Outpatient 3 DOA	OTHER:			
É	27. MANNER OF DEATH 28s. OATE OF IN		E OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED	
BY	1 Natural 5 Pending (Month, Day.	ina)	WORK?  M 1 YES 2 NO			
	3 Suicide 6 Could not be	NJURY — At home, term,	streat, factory, office	281. LOCATION (Street		I Route Number,
E	4 Homicide determined	(Specify)		City or Town, State	)	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurre	ed at the time, date and place, and	due to the cause(s) and me	nner se eleted	
8	one) 2 MEDICAL EXAMINER: On the basis of axan	ination and/or investigation	n, in my opinion, death occured a	the time, data and place, as	nd due to the caus	e(s) and manner as stated.
	MANUATURE AND TITLE OF CERTIFIER		29c. LICENSE			ED (Month, Day, Year)
BE	food in fenerale is		b32		► 4.8	
유	NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM 27) (Type,			1 7.0	
	Ronald D. Schechter 656			1d. 21204		
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE		22207		
	APR 1 0 1992	Julia Davids	n-Randopp			
		0				DHMM.16 Rev. +/80

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.			
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	P. P. P.	ne 1, 2, 3 should	
IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	)		

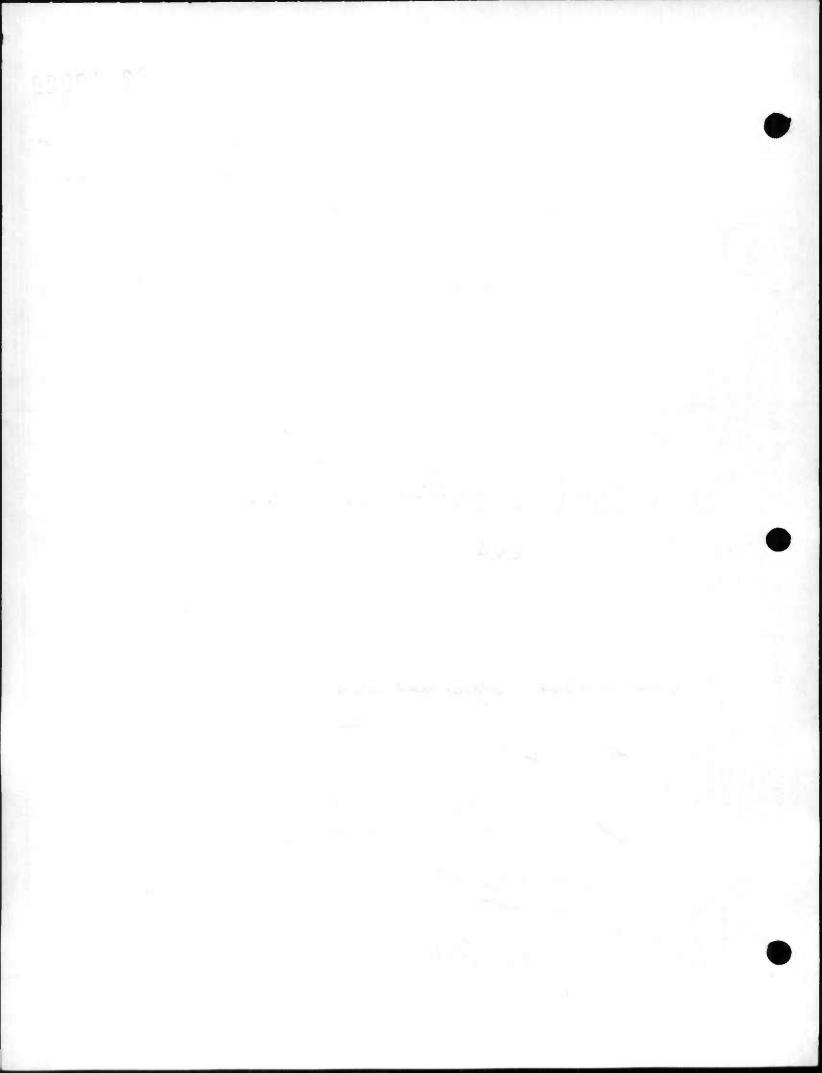
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF CEATN MONTH 715 AH Sadie Lee Peay 8 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-20-4213 1 M 2 V F 67 YRS 8-9-24 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR The Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2764 FENWICK AVENUE 21218 U.S.A. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

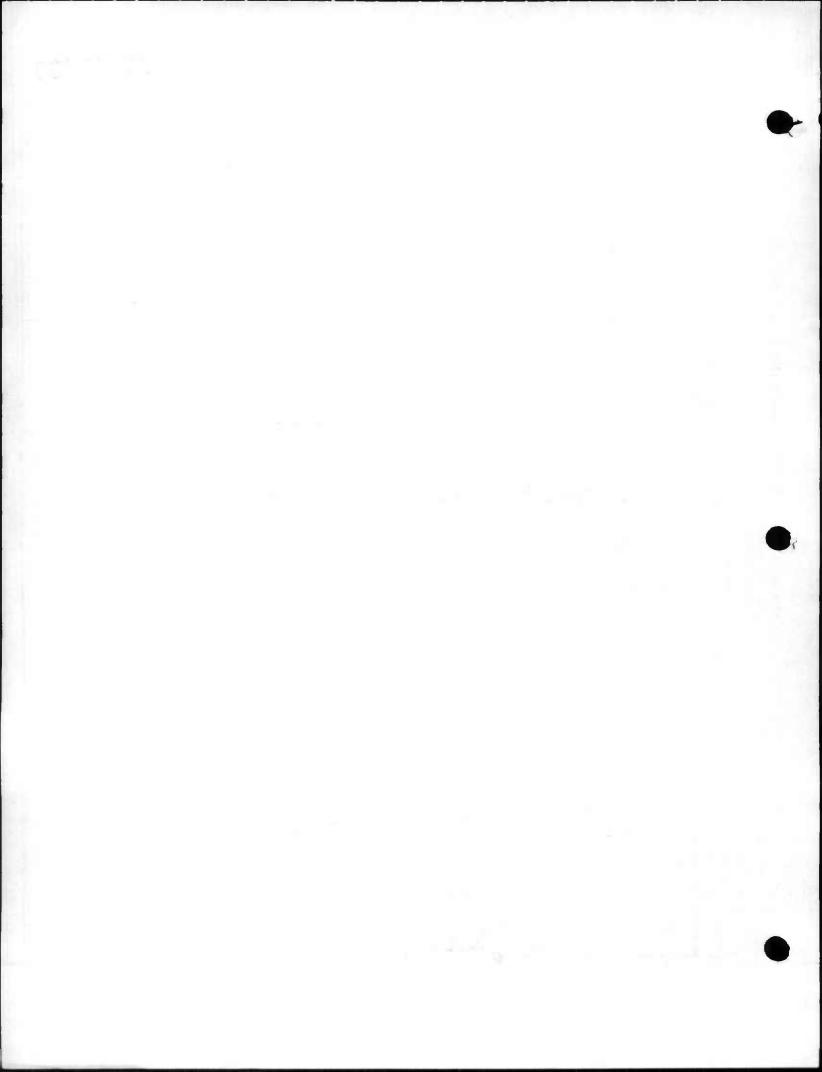
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 VINO 1 X Never Married 2 Married BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 7th DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) LESLIE LEE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State Zin Control 2 MILVENA CHISOLM 2764 FENWICK AVENUE/BALTIMORE, MD 21218 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION

1 (1) Purisi 2 (2) Cremetion 3 (3) Removal from State 4 (4) Donetion 5 (1) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE CEMETERY TIMORE BALTIMORE, MD OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PARTY Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one ceuse on sech line. interval Batween IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF). CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART if. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATN? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) EXAMINER? HOSPITAL:
1 | Impetient 2 | ER/Outpetient 3 | DOA OTHER: 4 I Nursing Nome 5 Residence 6 Other (Specify) 27. MANNED OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. OESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicida ETED. 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) 6 Could not be 4 Nomicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 4/8/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1002 Sule Aurile 31. DATE FILEO (Month, Day, 'Year) . . .



DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-before within 10 burial cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTA CERTIFIC				YGIENE EG. NO.		10000
	1. DECEDENT'S NAME (First, Middle, Last) Frederick	С.	Roh1	fing		2. DATE OF MONTH	DEATH DAY	1992	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-09-1549	1 🗶 M 2 🗆 F	76 YAS. MO				19, 191	Coun	Maryland
20	99. FACILITY NAME (If not institution, give a 3403 Roselawn AV RESIDENCE OF DECEDENT		91	Baltim	ore Cit		9c. C	OUNTY OF I	DEATN
DIMECTOR	100. STATE 105. COUNT Maryland	Y	10c. CITY, T	TOWSOI					10d. INSIDE CITY LIMITS?
A	100. STREET AND NUMBER 1409 Sheffor	rd Road			IP CODE	239	1		1 □ YES 2 ☑ NO WHAT COUNTRY? States
BY FUNER	11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECEN If yee, speci 1 , YES 2	E American Indian, k, White, etc.				
LEIEU	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		life. Do NOT use re	done during most kired.)	of working		lt. Gas		
COMPLEI	16 17. FATNER'S NAME (First, Middle, Last) Charles A.	Rohlfing	Super		18. MOTHER'S NAI	ME (First, Middl	e, Meiden Surnam		ectric
IO BE	100. INFORMANT'S NAME (Type/Print) Charles W. Rohlf		19b. MAILING AD	Roselawi	Number or Rural F	loute Number, (		Zip Code)	1214
	20a. METHOD OF DISPOSITION 1   Burlal 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	noval from Stata ceme	PLACEAND DATE OF C etery, cremetory or other CAPKWOOD C	emetery	4/11/		20c. LOCATION Balt	— сну ог т i more	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	Milton J K	night Jr	Leona	rd J. R Harford	uck, I		214	
RIFICATION	ahock, or heert feliure. List only one cause on each line.								Approximate Interval Between Onset and Death
THEOLOGIC OF	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.							24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	
SICIAIT.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Output	intient 3 DOA 4	ck only one)  6 ① Other (Sp	ec/h/)				
INJ 10	27. MANNER OF OEATN  1  Aptural 5 Pending 2  Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJUR	TA Y		BE HOW INJURY	OCCURED	
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stree	me, farm, street, tectory, office 28t. LOC City			LOCATION (Street and Number or Rural Routa Number, City or Town, State)		
COMPLE		ICIAN: To the best of my knowle ER: On the beele of examination							e) end menner ee stated.
0 00	296. SIGNATURE AND TITLE OF CERTIFIER  WANTE C KUNDLULU UIJ D2 1022  30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							9 (Month, Day, Year)	
	Marion C. K	owalewski, M.	D. 8604	Harford	d Rd. E	Baltimo	ore, Md.	212	234
	APR 10	1982 Sule A	4 4 4	AL.					



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

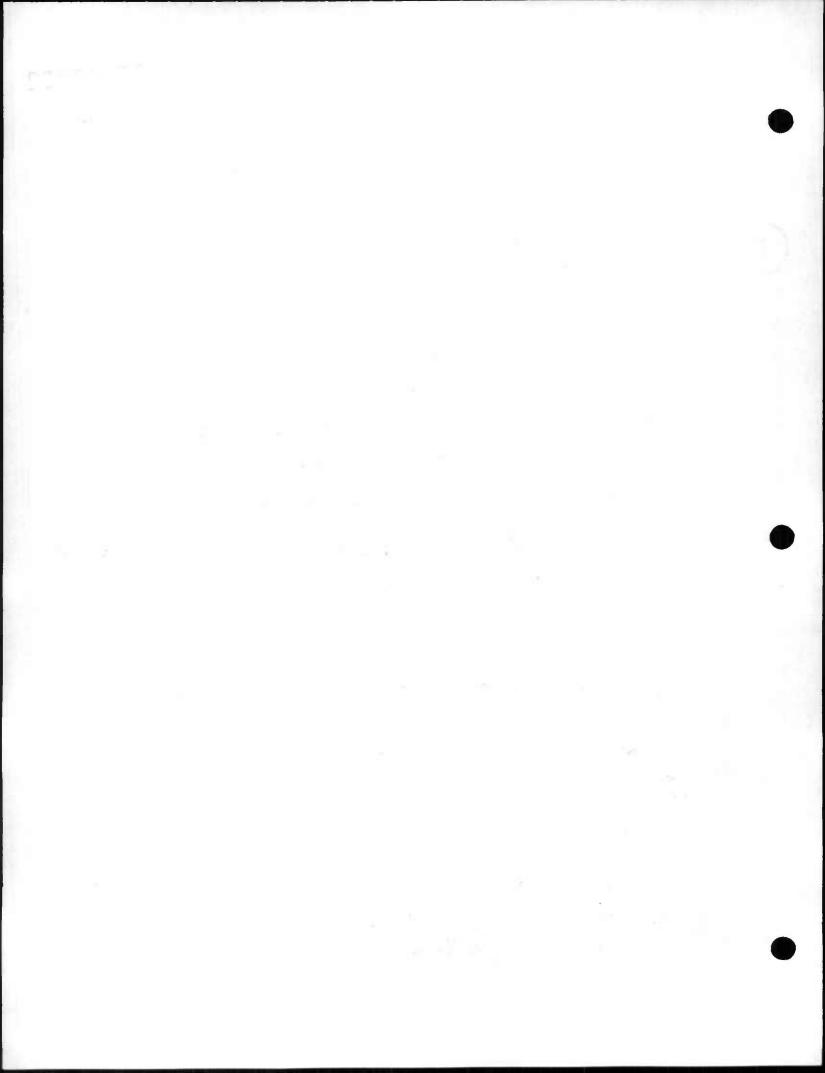
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,	1. D	ECEDI	ENT	BN
r	4. 8	OCIAL	SEC	יטו

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

								HEG. NO	-			
1. DECEDENT'S NAME (First, Mid		OEMAKER						2. DATE OF DEATH MONTH, OH - 07 - 1992 YEAR 3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER											ACE (State or Foreign	
407-28-696		6. AGE (III yrs. IIIs	YAS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-13-1	928 Maryland			
9a. FACILITY NAME (If not institut	ion, give street and number)		9.0	9b. CITY	, TOWN	OR LOCATI	DN OF DE	EATN	9c. COI	JNTY OF DE	ATH	
12184 Rt.		W		C	laı	ksv.	ille	9	Н	owar	d County	
	COUNTY		10c, CIT	Y, TOWN E	OR LOCA	TION					od. INSIDE CITY	
	Howard C	ounty				/ill	е				Od. INSIDE CITY LIMITS?  X YES 2 ND	
100. STREET AND NUMBER					10	H. ZIP COD	E		10g. Cl	TIZEN OF WH	AT COUNTRY?	
12184 Route							029			US		
11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	fed FORCES?	ENT EVER IN U.S. AR 1 YES 2 WAR WAR OR DATES			If yes, s		n, Mexica	NIC ORIGIN? (Specify York, Puerto Rican, etc.)  7:	e or No	14. RACE - Black, Specify	- American Indian, White, etc. White	
	NT'S EDUCATION heat grade completed)	18a. DE	CEDENT'S	USUAL O	CCUPAT	ON ost of works	ng	16b. KIND OF B	USINESS/IN	IDUSTRY		
Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12)  UNKNOWN  (Give kind of work done during most of working life. Do NOT use retired.)  Homemaker							Own	n ho	me		
17. FATHER'S NAME (First, Middle												
George	Smith							s Aae L		rd		
19a. INFORMANT'S NAME (Type/								Route Number, City or To			21042	
Ms. Sylvia			3470			_	arte	er Rd.,E				
20c. METNOD OF DISPOSITION 11 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Crest Liawn Nem. Gdn. 4-11-92 Marriottsville, M												
21. SIGNATURE OF FUNERAL SE	en llen	L M	1005			ND ADDRE		Slack t City, I			L Home 21043	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. Cardial Arrest  DUE TO (OR AS A CONSEQUENCE OF):										Onset and Deat		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
BART II Oct - de estre la company												
Chronic An	Chronic Animin, Malnitrition, Recito - Vesical Performed?  1 yes 2 1/2 NO OF DE								WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATN (Check only one)											
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 1	DOA	OTHE		me 5 Va	esidence	8 Other (Specify)				
	27. MANNER OF DEATN  28s. DATE OF INJURY (Month, Day, Year)  28s. TIME OF 18JURY 28s. TIME OF 18JURY 28d. DEŞCRIBE HOW INJURY OCCURED 18JURY WORK?											
2 Accident Investigation 3 Suicide 6 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route City or Town, State)								ute Number,				
Course only	NG PHYSICIAN: To the best										and manner as stated.	
296. SIGNATURE AND TITLE DF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  0 3 0 5 7 3  1 - 8 - 9 3							Month, Day, Year)					
30, NAME AND ADDRESS OF PE		2 Lettle	Paky	p. Print)	Pky	Co	lent	ha MS	210	14		
APR 1 0 199	2 gula van	RAR'S SIGNATURE	90							,		

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burial-transport or removal	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial communal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
	STELLA SAKELOS S	CALJON		4 8	1:10 p M						
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	92 6. BIRT	THPLACE (State or Foreign					
	215-10-0949 1□ № 2 ☒ Ϝ	77 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 5-15-14	Mar	yland					
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF	-					
OR	Meridian Cromwell N.H.		Baltimore		Baltim	ore					
5	RESIDENCE OF DECEDENT				Darcin	ore					
DIRECTOR	100.00011	10c. CITY	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?					
	Maryland Baltimore	Lı	utherville			1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
NE	12 Nightingale Way		21093		U.S. A						
5	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1	VER IN U.S. ARMED YES 2 X NO	13. WAS DECENDENT OF HISPAI If yes, specify Cubers, Mexico	NIC ORIGIN? (Specify Yes	or No- 14. RAC	CE — American Indian, ck, White, etc.					
BY	3 Widowed 4 Divorced IF YES, GIVE WAR		1 TES 2 NO Specif			city					
	15. DECEDENT'S EDUCATION		1		Whi	te					
E	(Specify only highest grade completed)	(Give kind of we	USUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUS	INESS/INDUSTRY						
7	Elamentary/Secondary (0-12) College (1-4 or 5 +) 2 yrs		C & P Telephone Worker C & P Telephone								
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	I Car.				ne					
	Nicholas	Sakelos		ME (First, Middle, Malden	Surname)						
BE	19s. INFORMANT'S NAME (Type/Print)		Betsy		Hanges						
2	Celia Motsko		ADDRESS (Street and Number or Rural I								
	20a. METHOD OF DISPOSITION		Clearwind Ct.								
	1  Burial 2	cemetery, crematory or oth	PLACE AND DATE OF DISPOSITION (Name of glegy_crematory or other place)  DATE  20c. LOCATION — City or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	militop Se	ervice Corp.		son, md.						
	· 21/ ///		Ruck Towson		me Inc						
	Um adall	<u></u>	1050 York Rd	- Towson	MA 2120	04					
LION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval Between Onset and Death III.  Approximate interval Between Onset and Death III.  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, Due TO (OR BS A CONSEQUENCE OF):  DUE TO (OR BS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  C. Due TO (OR AS A CONSEQUENCE OF):  d.										
SICIAN: MEDICAL	PART II. Other algorificant conditions contributing to de	eth but not resulting in	the underlying cause given in	Part I. 24s. WAS AN / PERFORI	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
₹	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Che	ick only one)							
SK	EXAMINER?  1 YES 2 NO 1 Inpution 2 ER	Outpatient 3 DOA	THER:   Nursing Home 5   Residence								
PHY	27. MANNER OF DEATH 28s. DATE OF INJ	URY 28b. TIME	OF 28c, INJURY AT	28d. DESCRIBE HOW IN	ILIBA OCCUBED						
BY	1 Netural 5 Pending (Month, Day, )	bar) INJUI	RY WORK? M 1 YES 2 NO								
- 11	3 Suicide 8 Could not be 28e. PLACE OF IN	JURY — At home, ferm, atr		281. LOCATION (Street at	nd Number or Rumi	Route Number					
	3 Suicide 8 Could not be detarmined Solution (Specify)  4 Homicide City or Town, State)  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of										
ž		(Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
			y opinion, death occured at the	time, data and place, end	gua to the cause(s	s) and manner as stated.					
ᅢ	296. SIGNATURE AND TITLE OF CERTIFIER	NA	29c LICENSE NUM	BER	29d. DATE SIONED	(Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	1001-	1/3469	70	× 4/0	1/92.					
		712 Belair 1	Rd. Sui te 21	L3							
	31. DATE FILED (Month, Day, Year) 32. REGISTRANS	SIGNATURE									



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P.O. BOX 13146,	A. conflicted has
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SION OF VITAL RECORDS,	The second second
SION	-

1	FOR STATE REGISTRAR	STATE OF M	ARYLAND /				EALTH AND DEATH	MENTAL	HYGIEN	E	32	2 100	33
1.	DECEDENT'S NAME (First, Middle I ast)							2. DATE	OF DEATH	V /	YEAR	3. TIME OF DEATH	
	STANLEY	L. ST	EC						4	8	12	1600	M
4.	The state of the s	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIRTH ), Day, Year)		8. BIRTH Countr	IPLACE (State or Fore	nign .
2	18 07 2790	1 🕅 M 2 🗆 F	70	YRS.	MONTHS	DATS	HOORE MIR.	04/2	7/192	1		ryland	
	9s. FACILITY NAME (if not inetitution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY (										NTY OF D	EATH	
8	828 MArtin Road	d			Esse	ex			Balt	imor	re County	7	
شيوا ()	RESIDENCE OF DECEDENT	DENCE OF DECEDENT										10d. INSIDE CITY	
E I		100 011	Y, TOWN		1014					LIMITS?	10		
	Maryland Baltin	nore Cou	псу		Esse		ZIP CODE			100 CIT	IZEN OF Y	1 YES 2 X N	10
A .						101	. 200 - 200 - 200	0.01		log. Gir			
FUNERAL	828 Martin Road	12. WAS DECEDEN	F EVED IN ITS. AD	MED	12	WAS DEC	ZI ENDENT OF HISPA	221	2 (Encelly Vec	or No	U.S	E — American indiar	
. 11	☐ Never Merried 2 📉 Merried	0		If yes, sp	2 NO Spec	an, Puerto F		O 140	Black	k, White, atc.  White	10		
	15. DECEDENT'S EDUCA		16a. DE		USUAL O			16b.	KIND OF BUS	BINESS/INI	DUSTRY		
	(Specify only highest grade of Elementary/Secondery (0-12)	ompleted) College (1-4 or 5 +	- Man	ve kind of Do NOT u	work done se retired.)	during mo	st of working						
COMPLETED	12		Cler	ck				Ra	ilroa	d			
S 17	7. FATHER'S NAME (First, Middle, Last)		1010				18. MOTHER'S N					•	
	Peter Stec						Anna	Mazan	1				
00 10	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	Bernice Stec (wife) 828 Martin Road Baltimore Maryland 21221												
2	20s. METHOD OF DISPOSITION  20s. PLACE OF DISPOSITION (Name of cemetery, crematory or other piece)  20s. LOCATION — City or Town, State other piece)												
4	41 Dungtion 6 Other (Specify) St. Stanislaus Cemetery 4/11/92 Baltimore MAryland												
2	21. SIGNATURE OF FUNERAL SERVICE ICENSEE 22. NAME AND ADDRESS OF FACILITY												
}	Bruzdzinski Funeral Home P.A.												
	1407 Eastern Ave Baltimore MAryland 21221  23. FART Lanter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.   Approximate												
1.	shock, or heart fallure. List only one cause on each line.												
	IMMEDIATE CAUSE (Finel disease or condition										Death		
	resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
o s	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):												
F .	If any, leading to immediate cause. Enter UNDERLYING											j	
윤비	CAUSE (Disease or Injury that initiated events oue to (or as a consequence of):												
	resulting in death) LAST												
빙 .	0.												
¹ ∥ لا	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY ANALABLE PRIO												
8	1 U YES 2 NO										COMPLETION OF CA	AUSE	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										1   YES 2   N	Ю	
<u> </u>													
PHYSICIAN: MEDICAL	5. WAS CASE REFERRED TO MEDICAL						ACE OF DEATH (	Check only or	ne)				
S	1.	EXAMINER?  HOSPITAL:  OTHER:  1   Inpetient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 5   Other (Specify)											
로   2	7. MANNER OF DEATH	28e. DATE OF INJURY 28b. TIME OF 28c				28c. IN.	URY AT	28d. DES	SCRIBE HOW I	OW INJURY OCCUREO			
84	Natural 5 Pending Investigation	5 Pending M 1					YES 2 NO						
	- Parities							ATION (Street or Town, State)		or or Rural	Floute Number,		
	4 Homicide determined	55.75.79	(					Only	o. John, Galle,				
COMPLETED	9e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC											e) and manner ee st	etect.
	95 SIGNATURE AND TITLE OF CERTIFIER	1											-
B	J-C LOSSON OF CERTIFIER  J-C LOSSON OF CERTIFIER  J-C LOSSON OF CERTIFIER  296, DICENSE NUMBER  296, LICENSE NUMBER  296, LICENSE NUMBER  296, DATE SIGNED (Month, Day, Year)  + 8-92												
	1 - Company 02	1,000	111.77.				201	-7 -				0	

Orlonovan. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONOV AN CRUSSIAN 0

M.D .. 2112 DUNDALK AVE

BALTO. MD 21222

1 0 1992

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Places 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burital, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Dr. Joseph 31. DATE FILEO (Month, Day, Year)

D'Antonio, Jr. 7401 Osler Drive

	FOR	STATE OF M	MARYLAND /	DEDAR	TMEN	T NE H	SAITH	AND I	MENTAL MV	OIEN	<b>.</b> (	22	10034
	1 - STATE REGISTRAR	OINIE OI II	CI	ERTIF	ICAT	E OF	DEAT	TH .		GIEN 3. NO.		16	10021
- 8	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OE	ATH			3. TIME OF DEATH
- 1	Katherine	H. Stok	1. Stoker						April	g	. 19	PRABY	5 a m
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday) IF UNDER			R t YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	TH	, 17	a. BIRTH	PLACE (State or Foreign
	214-22-2550	1 M 2 X F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar. 1.	(bar)	1906	Countr	"Maryland
	Se. FACILITY NAME (If not institution, give str	reet end number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF OE			NTY OF D		
<u>۳</u>	Belair Convales		7.000	Ba1	timo	re C	itv		200 4 5 11				
DIRECTOR	RESIDENCE OF DECEDENT				Dui	011110		103					
E	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN	OR LOCAT							10d. INSIDE CITY LIMITS?
	Maryland					Bal	timo	re C	ity				1 X YES 2 NO
M	104. STREET AND NUMBER					101	. ZIP CODE	E			10g. CITI	ZEN OF W	HAT COUNTRY?
띮	6401 Loch Ray	ven Blvd.						21	236		Uni	ted	States
FUNERAL	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Spec	Ify Yes	or No-	14. RACE	- American Indian, White, atc.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	••			2 X NO			rtc.)		Speci	Av:
	Λ 1					1.6							" White
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	/G	CEDENT'S ive kind of a Do NOT us	work done	durina ma	ON st of workin	g	16b, KINO	OF BUS	SINESS/INC	DUSTRY	
۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5 +	) ///0.										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			поше	emak	er.							
	The state of the s	D	Causaai				18. MOTH		ME (First, Middle, I	Weiden			*****
BE	Robert	D(	Coursey		TIL SOL				phie				nger
9	19a. INFORMANT'S NAME (Typer/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  5310 Bangert Ave. White Marsh, Md. 21162												
	20a. METHOD OF DISPOSITION	ICHCI						ve.					
	1 X Buriel 2 Cremellon 3 Remo	val from State	20b. PLACE / cemetery, cre Weste	matory or o	OF OISPO: ther place;	SITION (Na	me of	4 /00			CATION —		
	4 Donation 8 Other (Specify)	NGFF						1/92					Maryland
	Baltimore, Md. 21									21214			
	Multon   Knight   Leonard J. Ruck, Inc. 5305 Harford Road												
	23. PART I. Enter the diseases, or compilications that cause the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one-cause on each line.												
	Unset and Death												
	disease or condition resulting in death)  a. Curonic aspiration  DUE TO (OR AS A CONSEQUENCE OF):												
1	DUE TO (OR AS A CONSEQUENCE OF):												
Z	CVA												
E	Sequentially list conditions, if any, leading to immedista		OR AS A CONSEC	QUENCE O	F):								
2	CAUSE (Disease or Injury												
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
H	d												
	PART ii. Other aignificant conditions	contributing to	death but not r	eauiting	in the u	nderlying	cause o	iven in	Part I. 24s. W	MAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
<u>র</u>	700	4/a - 1	//		-			-0.0	P	ERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
입				1					_   '''	YES 2	M-NO		OF DEATH?
Σ									— I				1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			_		26 PI	ACE OF D	FATH (Chi	ick only one)				
Sic		HOSPITAL:	EB/Outpetlant 2	□ no4	OTHE	R:							
PHYSICIAN: MEDICAL	27. MANNER OF OEATH	28e. DATE OF		28b. TIM				sidence	8 Other (Special 28d, OESCRIBE		NJURY OC	CUREO	
9	1 Natural 5 Pending	1 Netural 5 Pending (Month, Day, Year) INJURY					RY WORK?						
ВУ	2 Accident Investigation	me, farm,	M 1 YES 2 NO				281 J OCATION (Street and Number or Burn) Co. or Number				cute Number		
뒫	3 Suicide 8 Could not be detarmined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						1ffice 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	290. CERTIFIER		45									_	
COMPLETED	(Check only one)  1 CERTIFYING PHYSIC (Check only one)  2 MEDICAL EXAMINER												
8			THE PROPERTY OF LAND AND ADDRESS OF LAND AND ADDRESS OF LAND AND ADDRESS OF LAND ADDRESS OF LA	venigatiti	, ett (111y)	ориноп, о				ca, an			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	-Lep	2.				29c, LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30 NAME AND ADDRESS OF DEPROM WHILE	COMPLETED CAUSE OF OFATH (ITEM 27) (Stra. Oriet)									1 4/7/92		

Towson.

Md

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befield within 72 hours after death with the State Oper, or Health and Mental Hybride prior to influence or removal.
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FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	92 10035					
1. DECEDENT'S NAME (First, Middle, Last	A. 12. K. 2.	ndrew Sl	carpac		0/92 3. TIME OF DEATH A 92 0230 M					
4. SOCIAL SECURITY NUMBER  393-12-8677  9a. FACILITY NAME (If not institution, give	1 🗷 M 2 🗌 F	71 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS.  ONTHS DAYS HOURS MIN.  D. CITY, TOWN OR LOCATION OF	06/05/20	BIRTHPLACE (State or Foreign Country)     Wisconsin					
			Baltin		COUNTY OF DEATH					
St. Agnes Hos RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland	TY	10c. CITY, 1	rown or location Bal	timore	10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
100. STREET AND NUMBER 2904 Strickla 11. MARITAL STATUS 1. MARITAL STATUS				1223	CITIZEN OF WHAT COUNTRY? USA					
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISP If yea, specity Cuban, Max 1 YES 2 K NO Spe		14. RACE — American Indian, Black, White, atc. Specify: White					
15. DECEDENT'S ED (Specify only highest graves and specify only highest graves and specify (0-12) and the specific and spe	UCATION de completed) Collège (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	done during most of working edired.) Quality	16b. KIND OF BUSINESS	S/INDUSTRY					
T 1 C1	rnac	Inspecto	16. MOTHER'S	General NAME (First, Middle, Malden Suman Tria Vrek	me)					
John Ska  John Ska  John Ska  John Ska  John Ska  John Ska  John Ska  John Ska  John Ska  John Ska  John Ska	rpac Skarpac			el Route Number, City or Town, State						
20s. METHOD OF DISPOSITION 1	20	b. PLACE AND DATE OF		DATE 20c. LOCATION	N - City or Town, Stata timore, MD					
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE THE	.0010 010	Cremation	Society of	Md., Inc.					
23. PART I. Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that cause on a Liet only one cause on a	each line.	enter the mode of dyling, at	ick Road Bi	alto., MD 2122 y arreat, Approximate Interval Between Onset and Death  i'm week.					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other eigniticant condition Pharyways	1 (00000	but not resulting in	tha underlying cause given	In Part I. 24s. WAS AN AUTOR PERFORMED? 1  YES 2 XC	AMAILABLE PRIOR TO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	EXAMINER? HOSPITAL:									
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1  YES 2 NO									
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. CERTIFIER Constitution of the determined 28e. CERTIFIER Constitution of the determined 28e. CERTIFIER Constitution of the determined 28e. CERTIFIER Constitution of the determined 28e. CERTIFIER Constitution of the determined 28e. CERTIFIER Constitution of the determined 28e. CERTIFIER Constitution of the determined 28e. CERTIFIER Constitution of the determined 28e. CERTIFIER Constitution of the determined 28e. CERTIFIER CONSTITUTION OF THE DETERMINED CONSTI										
(Check only one) 2 MEDICAL EXAMIN	IER: On the basis of axamination			ue to the cause(a) and manner as he time, data and place, and due	a stated.  to the cause(a) and manner as stated.					
296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON W	my the	MD	25c. LICENSE N	UMBER 294.	DATE BIGHED (Money Con; War)					
30. NAME AND ADDRESS OF PERSON W	1/	THE (ITEM 27) (Type, M	16900 S. C	aton Ave. B	alto., MD 2122					

32. REGISTRAR'S SIGNATURE



DHMH-16 Rev 1/89

and the second of the second o  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

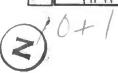
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directic, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 -

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH SOUTH OF DEATH SOUTH OF DEATH				
	ELISHA B. SCOTT	04 05 92 1025 M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)				
	212-18-7979 1/A 1 2 1 1 / O YRS.	11/11/21 Baltimore MA				
æ	Ba. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	Butimere City				
Ĕ l	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d, INSIDE CITY				
	ND Baltimere Baltimore	1 PYES 2 NO				
¥۱	10e. STREET AND NUMBER	10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	3902 Maine Ave 21207 US					
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENOENT OF HISPAN  1 Never Married  14. WAS DECENOENT OF HISPAN  17 yes, apecity Cuban, Maxical	IC ORIGIN? (Specify Yes or No — 14. RACE — American Indian, puerto Rican, atc.)				
3 Wildowed 4 Divorced Div 12 - Jan 46 1 YES 2 D NO Specify:						
<u>ا</u>	15. OECEDENT'S EQUICATION 16a. OECEDENT'S USUAL OCCUPATION	16b. KINO OF BUSINESS/INOUSTRY				
ш	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  (Give kind of work done during most of working life. Do NOT use retired.)					
17. FATNER'S NAME (First, Middle, Last)  ELISHA SCOTT  19a. INFORMANT'S NAME (Type/Print)  TYPE C. Scott  19b. MAILING ADDRESS (Street and Number or Plural Poure Number, City or Town, State, Zip Code)  3902 Maine Ave, Baltimove, MD, 21207						
			20b. PLACE AND DATE OF DISPOSITION Of DATE   20c. LOCATION — City or Town, State   4   Donation 5   Other (Specify)   DONATION   DATE   20c. LOCATION — City or Town, State   DONATION   DATE   20c. LOCATION — City or Town, State   DONATION   DATE   20c. LOCATION — City or Town, State   DONATION   DATE   20c. LOCATION — City or Town, State   DONATION   DATE   20c. LOCATION — City or Town, State   DONATION   DATE   20c. LOCATION — City or Town, State   DONATION   DATE   20c. LOCATION — City or Town, State   DONATION   DATE   20c. LOCATION — City or Town, State   DONATION   DATE   20c. LOCATION — City or Town, State   DONATION   DATE   20c. LOCATION — City or Town, State   20c. LOCATION — City or Town, Sta		DATE 20c. LOCATION — City or Town, State	
				21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF IM	and Nutter Principle Fernes. Inc	
				2501 Guynns Faces Pleny		
				23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street,  Approximate		
	ahock, or heart feilure. List only one cause on each line.					
	disease or condition  resulting in desth)  Czrdio yen: Showl	Onset and Death				
Totaling in death)						
z	Sequentially list conditions, if any, leading to immediate	Interction 24hours				
CATION	Sequentially list conditions, If any, leading to immediate					
<u> </u>	CAUSE (Meruno Entire) & COVONOUS AVTONS ALLES (1290)					
H						
CE	d					
PERFORMED?  1 YES 2 X NO  PERFORMED?  COMPLETION OF DEATH?  1 YES 2 T						
		COMPLETION OF CAUSE				
		1 🗆 YES 2 🗀 NO				
	EXAMINER? HOSPITAL: OTHER:					
Ä	1 YES 2 NO 1 Inpettent 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
- L	1	See Separate Now Industry Occored				
00	3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office	281, LOCATION (Street and Number or Rural Route Number,				
4   Homicide datermined datermine		City or Pown, State)				
		to the cause(s) and menner se stated.				
E E	Jaymont Huch. (h MD) 1032:	319 14/5/92				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		10 14				
Raymond Plack MD 3449 Wilkons Hue Baltimon MD.						
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE						
	APR 1 0 1992 Julia Davidson-Handell					
		DHMH.16 Pov.1/80				



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50,	within
189	tificate be executed within 24 hours after
5	2
.C. B	certificate
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2	that
T L L	requires
_	SW.
4	E S
2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate
5	8
-	M

	1. DECEDENT'S NAME (Fir	st, Middle, Last)			m 7.1	AT OD				2. DAT	TE OF OEATH	AY O	3. TIME OF 2:43	DE
	ELIZABETH  4. SOCIAL SECURITY NUM	MBER	5. SEX	1 405 //-		YLOR				-	• • •			
	215-09-64	30	1 M 2 F	8. AGE (III	yrs. lest birthday)  YRS.	IF UNDER	DAYS	IF UNDER	MIN.		E OF BIRTH rith, Day, Year)	-	BIRTHPLACE (State Country)  At 1	,
	De. FACILITY NAME (If not	Institution, give	street end number)		,	9b. CITY,	TOWN (	OR LOCATION	ON OF DE	ATH	13 0	Bc. COUNT	TY OF OEATH	•
CTOR	6004 EASTE	RN AVE	NUE			BALT								
ECT	RESIDENCE OF DE	10b, COUNT	TY		10c CI	TY, TOWN O	B LOCAT	MON						
DIRE	Md.				100.0	-	ltim						10d. INSIDE LIMITE 1 ZCYES	3?
AL	10e. STREET AND NUMBE						_	. ZIP CODE	E			10g. CITIZE	EN OF WHAT COUNT	_
E .	6004 Easi	tern A	renue					21.	224			U.	S.A.	
FUN	11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS OECEDER	NT EVER IN	U.S. ARMED	13. W	MAS DEC	ENOENT O	F HISPAN	IC ORIG	IN? (Specify Yes	or No- 1	14. RACE — American Black, White, etc.	n In
ВУ	3 Widowed 4 Di		IF YES, OIVE	WAR OR DAT	ES ~			2 KNO			,		Specify: Whi	to
ED	15. DE	CEDENT'S EDI	UCATION		16a. DECEDENT	S USUAL OC	CUPATIO	ON .	0	16	56. KIND OF BUS	SINESS/INDU	STRY	-
LET	Elementary/Secondary	1	College (1-4 or 5	+)	Ille. Do NOT				ng .		c 0			
COMPL	12	Mark I I			Self.	emplo	yed				Confe		ary	
BE CO	17. FATHER'S NAME (Flost, Charles	A. Go	vman					لكع	izab	eth	, Middle, Meiden Marks			
2	190. INFORMANT'S NAME Warita Mac		)								mber, City or Town		Code)	
	20a. METHOD OF DISPOSI	ITION		20b.F	LACE AND DATE				ouc.				ity or Town, State	
	1 CBurlet 2 Cremet 4 Donation 6 Other	er (Specify)	noval from State		Oak Lo	un (e	emet	ery		4-11	1-92 8			
	21. SIGNATURE OF FUNER					1 22. N	AVME VL	D ADDRES	SS OF PAG	ALI I Y				
	23. PART I. Enter the shock, or	diseasea, or	complications th	at caused to	the death. Do	Ch	the mo	es Si	ng, such	ile	z & Son	Inc.		охіп
	23. PART 1. Enter the shock, or immediate Cause (F disease or condition resulting in death)	diseasea, or heart feliure.	a. ARTERIO	DSCLE	ch line.	not enter	the mo	de of dyl	ng, suct	n aa ca	rdiac or reapi	Inc.	Eastern at, Apprinten	oxin
ERTIFICATION	IMMEDIATE CAUSE (F	disease, or heart feilure.	a. ARTERIC DUE TO b. DUE TO	DSCLET O (OR AS A C	ROTIC C	ARDIO	the mo	de of dyl	ng, suct	n aa ca	rdiac or reapi	Inc.	at, Appr	val E
L CE	immediate CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or Injudicial international causes and international causes.	diseases, or heart feilure.	a. ARTERIC DUE TO	OSCIER O (OR AS A C	ROTIC C. CONSEQUENCE C	ARDIO	VASC	CULAF	ng, such	SEAS	EE 24e. WAS AN	AUTOPSY	at, Appn Inten Onse	oxir vai i rt ar
L CE	snock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	diseases, or heart feilure.	a. ARTERIC DUE TO	OSCIER O (OR AS A C	ROTIC C. CONSEQUENCE C	ARDIO	VASC	CULAF	ng, such	SEAS	E	AUTOPSY MED?	24b. WERE AUTOI AMALABLE F COMPLETION	oxir val i t ar
MEDICAL CE	snock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	diseases, or heart feilure.	a. ARTERIC DUE TO	OSCIER O (OR AS A C	ROTIC C. CONSEQUENCE C	ARDIO	VASC	CULAF	ng, such	SEAS	24a. WAS AN PERFOR	AUTOPSY MED?	at, Appn Inter Onse	PSY I
MEDICAL CE	snock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	diseases, or heart feliure.	a. ARTERIC DUE TO	OSCIER O (OR AS A C	ROTIC C. CONSEQUENCE C	ARDIO	VASC	CULAF	R DIS	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOM AMAILABLE F COMPLETION OF DEATH?	oxiroxini properti pr
MEDICAL CE	shock, or shock,	diseases, or heart feliure.	e. ARTERIC DUE TO  b. DUE TO  c. DUE TO  d	USE ON EACH OF AS A COOR AS A CO	CONSEQUENCE CONSEQ	ARDIO	VASC	CULAF	R DIS	Part I.	24a. WAS AN PERFOR 1 UYES 2	AUTOPSY MED?	24b. WERE AUTOM AMAILABLE F COMPLETION OF DEATH?	oxiroxini properti pr
MEDICAL CE	IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condition, leading to imm cause. Enter UNDERL CAUSE (Disease or in the initiated events resulting in death) LAPART II. Other algnific	diseases, or heart feliure.	a. ARTERIC DUE TO b. DUE TO c. DUE TO d	USE ON ERIC	CONSEQUENCE CONSEQ	ARDIO	deriying  26. PL  :: ing Home Home	CULAF	R DIS	Part I.	24e. WAS AN PERFOR 1 U YES 2 INQUIR!	AUTOPSY MED?	24b. WERE AUTO AMAILABLE F COMPLETION OF DEATH? 1 YES :	oxiroxini properti pr
PHYSICIAN: MEDICAL CE	SHOCK, OF IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condition, list condition, leading to immicause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	diseases, or heart feliure.  itions, ediate YING jury ST  cant condition  TO MEDICAL	a. ARTERIC DUE TO b. DUE TO c. DUE TO d	USE ON ERVOLIPER	CONSEQUENCE CONSEQ	OTHER 4 □ Nursi	derlying  26. PL  ing Hom	CULAF	R DIS	Part I.	24a. WAS AN PERFOR 1 UYES 2	AUTOPSY MED?	24b. WERE AUTO AMAILABLE F COMPLETION OF DEATH? 1 YES :	oxiroxini properti pr
BY PHYSICIAN: MEDICAL CE	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition, leading to imm cause. Enter UNDERL CAUSE (Disease or In the initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Accident  3  Suicide 6	diseases, or heart feliure.  inal  itions, ediate filiury  ST  cant condition  TO MEDICAL  Pending investigation  Could not be	B. ARTERIC DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	USE ON ERICOLIPET  O (OR AS A CO O (OR AS A	CONSEQUENCE CONSEQ	ARDIO ARDIO ARDIO FI:  OTHER 4   Nursi	26. PL  ing Hom  v  1   YASC	ACE OF DE	R DIS	Part I.	24e. WAS AN PERFOR 1 U YES 2 INQUIR!	AUTOPSY MED? XXNO	24b. WERE AUTO AMAILABLE F COMPLETION OF DEATH? 1 YES :	PSY PRIOR
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ETED BY PHYSICIAN: MEDICAL CE	SHOCK, OF IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or the initial of	disease, or heart feliure.  itions, ediate filiate fil	B. ARTERIC DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	USE ON ERCONDENS OF INJURY —, etc. (Specify	CONSEQUENCE CONSEQ	OTHER 4 Nursi	26. PL ing Hom i V	ACE OF DIE	R DIS	Part I.  Part I.  28d. De Ch	24a. WAS AN PERFOR 1 YES 2 INQUIR!	AUTOPSY MED?  XXNO  Y  NJURY OCCU	24b. WERE AUTO AWAILABLE P COMPLETION OF DEATH? 1 YES :	PSY (PRIOR NO.
ED BY PHYSICIAN: MEDICAL CE	SHOCK, OF IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or the initial of	diseases, or heart feliure.  itions, ediate ying jury st Cant condition  TO MEDICAL  Pending investigation  Could not be determined  ATTIFYING PHYS  DICAL EXAMINI	a. ARTERIC DUE TO b. DUE TO c. DUE TO d	USE ON ERCONDENS OF INJURY —, etc. (Specify	CONSEQUENCE CONSEQ	OTHER 4 Nursi	26. PL ing Hom i V	ACE OF DE	R DIS	Part I.  28f. LO Ch	24a. WAS AN PERFOR 1 YES 2 INQUIR!	AUTOPSY MED?  Y  NJURY OCCU  and Number or	24b. WERE AUTO AWAILABLE P COMPLETION OF DEATH? 1 YES :	PSY I PRIOFIN OF



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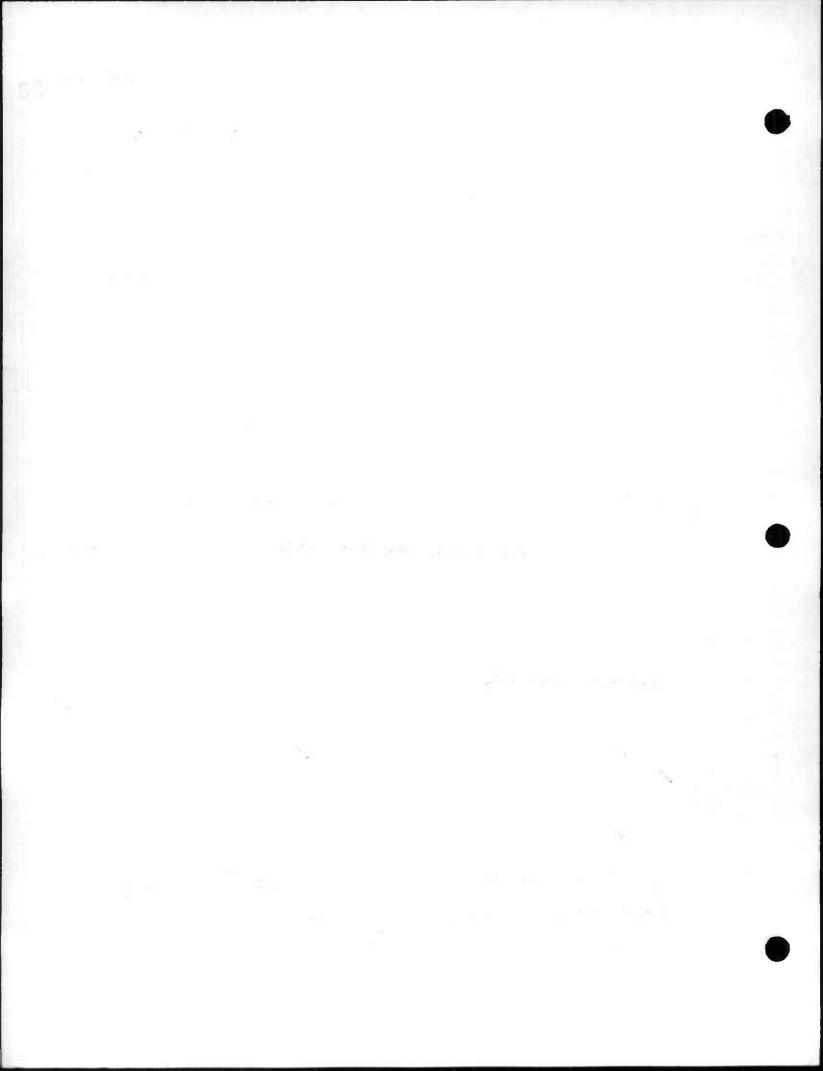
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Agran Committee Southern Section 2

Pages 1, 2, 3 should

	24 hours	filled in
(0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in
	cate be	physician
	ath certif	tending ;
	at the de	by the a
	equires th	en signed
	ne law n	has be
	SICIAN: TI	certificate
	ING PHY	After this
	OR ATTENC	MRECTOR: 1
!	SPITAL (	VERAL C

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	TMENT O	F HEALTH	AND MI	ENTAL HYGIEN	IE	92 1003
	1. DECEDENT'S NAME (First, Middle, Last)  ODELL	WICKER					2. DATE OF DEATH	3 9	3. TIME OF DEATN
-	4. SOCIAL SECURITY NUMBER 241-24-7050	5. SEX  6. AGE (In yrs. last birthday)  7. DATE OF BIRTH (Morth, Day, Year)  7. DATE OF BIRTH (Morth, Day, Year)  10-13-21  8. BIRTHPLACE (Ste							BIRTHPLACE (State or Foreign
TOR	9a, FACILITY NAME (If not institution, give st 2100 BARCLAY ST RESIDENCE OF DECEMENT	street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY						9c. COUNTY	
DIRECTOR	10s. STATE 10b. COUNTY	,	, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 1/2/YES 2 \( \square\) NO	
FUNERAL	100. STREET AND NUMBER 2100 BARCLAY STR	EET APT.	В		101. ZIP CODE 212				OF WHAT COUNTRY?
В	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	V NO	If yes	DECENDENT O , specify Cube YES 2 NO	n, Maxican, I	ORIGIN? (Specify Yes Puerto Rican, etc.)		Black, White, alc.  Specify: BLACK
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION 18st completed) Callege (1-4 or 5 +)	(Give kind of w life. Do NOT use	rork done during	ATION most of workin	g	16b. KIND OF BUS		RY
	6th  17. FATHER'S NAME (First, Middle, Lust)  HORACE CROMER				18. MOTH	ER'S NAME IE WI	BETHLER (First, Middle, Maiden CKER		.EL
TO BE	190. INFORMANT'S NAME (Type/Print) ODELLA WICKER				et and Number	or Rural Rou	te Number, City or Tow B/BALT		
	20e. METHOD OF DISPOSITION  1 Guriel 2 Commettion 3 Remo  a Densition 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State cemeters	CEAND DATE O	her place) CEM	ETERY	1	BAL	CATION — CHY	
	Moncles	Datto	6	WM.C		F.H.	/1101 E.		
	IMMEDIATE CAUSE (Final disease or condition and a constant of the constant of								Approximeta interval Batwee Onset and Dast 2 Months
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL CI	DIMBGRES MEULITIS  PERFORMED?  1 YES 2 NO  ON							24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   HO								
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE NOW INJURY OCCURED							
COMPLETED	3 Suicide 8 Could not be detarmined	6 Homicide detarmined building, ste. (Specify)							ural Route Number,
COMPL	(Check only 1 MC CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge R: On the basis of examination and	, death occurred l/or investigation	of at the time, o	ata and place, , death occure	and due to t	the cause(s) and man s, data and placa, and	ner as ataled. If due to the cau	use(s) and manner as stated.
10 85	29b. SIGNATURE AND TITLE OF CERTIFIER  30 NAME AND ADDRESS OF SERVIN WALK	ty MD.			29c. LICE!	385	5	294. DATE SHO	9/92
	30. NAME AND ADDRESS OF PERSON WHO	ND BALT.		212	12			,	000
	31. DATE FILEO (Mont: Osy, Year)	APR TU 1992	Sulian	Davidon	Poplate	L .			



					25 10030
	1 SIAIE	RYLAND / DEPARTME			
_	REGISTRAR		TE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) KATH7	RINE MARY	WATSON		S. TIME OF DEATN
ĺ	AHIHAKINE III.	14130N			2 7:30Am
		MONTE	IDER 1 YEAR   IF UNDER 24 HRS.   HS DAYS HOURS MIN.	(Month, Day, Year)	BIRTNPLACE (State or Foreign Country)
	109-18-6057 10 M2 WF	99 YRS.		10-9-1903	Maryland
	9e. FACILITY NAME (if not institution, give street end number)	9b. C	CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT	B	#LTO, ma	1	na
입	10e. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY
DIRECTOR	md, na	KESW	ICU NURS	SING HOME	LIMITS?
		TA FUN	10f. ZIP CODE		N OF WHAT COUNTRY?
ER/	700 W 40 St. BAL	To md	2/2/	1	ISA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT		13. WAS DECENDENT OF NISPAN		. RACE — American Indian,
		YES 2 TNO FOR DATES	If yes, specify Cuban, Mexicen  1 YES 2 NO Specify:		Black, White, etc.  Specify: TIC
BY					WhIIL
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USUAI (Give kind of work do	one during most of working	166. KIND OF BUSINESS/INDUS	
ا <del>اا</del>	Elamentary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retire	nd.)	Registered	
₹ I	12+8 NHKSE, K	N NUKS	S E	Music Teac	her
			16. MOTNER'S NAM	ME (First, Middle, Melden Surneme)	INTERI
H	JOHN WATSON,		RAI	HARINE C	41101
2	19e. INFORMANT'S NAME (Type/Print)	196. MAILING AGON	RESS (Street and Number or Rural R	Noute Number, City or Town, State, Zip Co	md 21401
	ENNETH WATSON, Ne PI	Took By ACE OF DISPOSITION	(Name of cemetery, crematory or	20c. LOCATION - CIT	
	1   Burlet 2   Cremetion 3   Removal from State 4   Dopation 5   Other (Specify)	other place)	(rearns or cornetery, crematory or	206. LOCATION — CIL	y or town, state
	196	a wada baa	22. NAME AND ADDRESS OF FAC	CIUTY CONTROL AND O	OMY DOADD
	CONSTRUCTION OF TONE ALL SERVICE LICENSEE RONAL	d wade, DII		STATE ANAI	
_	XXIIIIIIIIIIII			reST,Balto.,	
	23. ART I. Enter the disasses, or complications that ahock, or heart failure. List only one caus	caused tha death, DD not an a on each line.	ntar tha moda of dying, such	h as cardiac or respiretory srres	t, Approximate Intarval Between
	IMMEDIATE CAUSE (Final			.0	Onset and Death
	disease or condition	scleratec Cou	deovasculus	Duscare	year
	OUE TO (C	OR AS A CONSEQUENCE OF):			0
S	Sequentially list conditions, b.	OR AC A CONCEQUENCE OF			
Ā	if any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE OF):			
5	CAUSE (Disease Dr Injury	OR AS A CONSEQUENCE OF):			
Ē	that initiated events but to (to resulting in death) LAST	,			Ì
CERTIFICATION	d				
AL	PART ii. Other algnificant conditions contributing to c	esth but not reaulting in the	a undarlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL				1 _ YES 2 _ NO	COMPLETION OF CAUSE OF DEATH?
ME					1 - YES 2 - NO
ä					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTH	26. PLACE OF GEATH (Chi	eck only one)	
YSI	1 YES 2 NO 1 Inpatient 2	ER/Outpatient 3 DOA 4	Nursing Home 6 - Residence	6 Other (Specify)	
PH	27. MANNER OF OEATH  26e. DATE OF I (Month, De)	NJURY 26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE NOW INJURY OCCU	RED
B	2 Accident Investigation		M 1 YES 2 NO		
	III a Cutata — 200, PLAGE OF	INJURY — At home, ferm, street, tc. (Specify)	factory, office	26f. LOCATION (Street end Number of City or Town, State)	Rural Route Number,
COMPLETED	and Committee				
4PL	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of cone one)				
S	2 MEDICAL EXAMINER: On the basic of axi	mination and/or investigation, in	my opinion, death occured at the	time, date end place, end due to the	ceuse(e) and manner ee stated.
BE C			29c. LICENSE NUM		SIGNED (Month, Day, Year)
	muy /		D129	57 1 4	14192
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	DF DEATH (ITEM 27) (Type, Print)	)		

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detay	× po
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2	H	2

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAR	TMENT OF CATE OF	HEALTH AND	MENTA	REG. NO		92	10040
	1. DECEDENT'S NAME (First, Middle, Last) Ceylon	Dex			Wise	Jr.	MON	ril 8.	1992	YEAR	7:51am
	4. SOCIAL SECURITY NUMBER 215-28-1063	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH (h, Day, Year)		8. BIRTHPL. Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give a Maryland Get RES (DANCE OF DECEDENT			on Location of 1timore	DEATH			TY OF DEAT	ГН		
DIRECTOR	10a. STATE 10b. COUNT	Υ			TOWN OR LOCA						d. INSIDE CITY LIMITS?
BY FUNERAL D	100. STREET AND NUMBER 117 N. KOSSUTH	CTDEET				H. ZIP CODE					Y YES 2 NO
	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE V.	YES 2X	ARMED (NO	If yes, s	CENDENT OF HISP pecify Cuben, Maxi S 2 X NO Spec	can, Puarto	N? (Specify Ye Rican, etc.)		14. RACE — Black, W	American Indian, mita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5 +		PECEDENT'S I Give kind of w fe. Do NOT use DISA	USUAL OCCUPATION done during more retired.)	ON ost of working	160	b. KIND OF BU	ISINESS/INDU		<u> </u>
BE CO	17. FATHER'S NAME (First, Middle, Lest) CEYLON DEXTER WI	SE, SR.				ta. MOTHER'S N	SYDN	OR			
9	REV. JULIA V. WI	SE	1	17 N.	KOSSUT	H STREE		TIMORE	, MD	21229	
	1 X Douries 2 Cremation 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		DRUID	rematory or off	E CEMET	ERY ND ADORESS OF I	DAT		ESVIL		
	Moncerel	LEA		to	WM.C.	MARCH F.	H./1				NUE
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Disser	ninated	intra	avascul:	ar coagu			Iratory srre	st,	Approximata Interval Betwee Onset and Dea
TION	Sequentially list conditions, if any, leading to immediate										
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initisted events resulting in death) LAST										
MEDICAL CI	PART II. Other significant condition	a contributing to	death but not	resulting in	the undarlyin	g cause given i	n Part I.	24a. WAS AN PERFOR	RMEO?	CO OF	RE AUTOPSY FINDING NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:			28. PI	ACE OF DEATH (C	theck anly or	ne)			
PHY	27. MANNER OF DEATH  1 X Natural 5 Pending	112 Inpetiant 2 ER/Oulpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF NJURY WORK?  28c. INJURY AT WORK?									
ЕТЕР ВУ	2 Accident Investigation 3 Suicida 6 Could not be detarmined   4 Homicide    Suicida 6 Could not be detarmined    Suicida 8 Could not be detarmined    Suicida								Number,		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the beat of r	ny knowledge, d amination and/or	eath occurred Investigation	at the time, data	and place, and du	a to the cau	use(a) and mer	nner as stated	i. cause(s) and	d manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER	li-	M	2.		29c. LICENSE WU	n/a			SIGNED (Mo	nth, Day, Year)
	30. NAME AND AODRESS OF PERSON WHO	ni, M.D.	OF DEATH (ITE	M 27) (Type, F	/o Mary	land (	Gener	al Hos	spital		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR 1 0 1992	S SIGNATURE	Tevidson	/o Mary						

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use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital	TO THE HIGSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 24 hours after death. Page 6 may be retained by the hospital is

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			IENTAL HYGIEN			0041	
-	1. DECEDENT'S NAME (First, Middle, La		FILMAN	J		2. DATE OF DEATH MONTH DA	W	YEAR	OF DEATN	
	4. SOCIAL SECURITY NUMBER 224–92–6667	YRS.				T 0 1992 3.13 A.1				
CTOR	90. FACILITY NAME (If not institution, give WELLSPRING NURS) RESIDENCE OF DECEMENT		GLEN I	BURNIE	тн	9c, COUN	ARUNDEL			
DIRE		ARUNDEL	OWN OR LOCAT N BURN				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER  7355 FURNACE BRA	ANCH ROAD EAST			21060		U.S	U.S.A.		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPANIC Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No—	14. RACE — Americ Bleck, White, a Specify: WHI	tc.	
LETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re HOME MAI	done during mo- tired.)	N at of working	OWN HC		STRY		
BE COMPL	17. FATNER'S NAME (First, Middle, Lest) CHARLES LEE CRII		HOPE PIA	XEIX		E (First, Middle, Meiden :				
20	19a. INFORMANT'S NAME (Type/Print) ROY H. MOUBRAY					W. NEW PAI			6163	
	20a. METNOD OF DISPOSITION  1 Burlal 2 Cremation 3 XIVA  4 Donation 5 Other (Specify)  21. SIGNATURAL OF FUNERAL SERVICE	emoval from State came	PLACE AND DATE OF DEPARTMENT OF CHAPTER	APEL CE		4/8/92 VIE		VA		
	. J. Berfu	ley bree	en	GREEN	FUNERAL I	HOME, PO E			DON, VA	
	23. PART I. Enter the diseases, or combilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. Untonly one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or As a consequence of:									
ILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):									
AL CEN	PART II. Other significant condition Contribution to Month but to Mont									
MEDIC	246. WAS AN AUTOPSY FINDINGS ANALYDPSY PERFORMEO?  1 YES 2 NO  246. WAS AN AUTOPSY FINDINGS ANALYDPSY FINDINGS ANALYDPSY FINDINGS OF DEATN?  1 YES 2 NO  1 YES 2 NO									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:									
L	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOI		Other (Specify) 28d. OESCRIBE NOW IN	JURY OCCU	REO		
E I E D E	3 Suicide 6 Could not b	26e. PLACE OF INJURY building, stc. (Special Control of the Contro	At home, farm, stree	t, factory, office	2	26f. LOCATION (Street or City or Yown, State)	nd Number or	Rural Route Numb	97,	
	2 MEDICAL EXAMI	SICIAN: To the best of my knowle NER: On the basis of examination							ner as stated.	
2	30. HAME AND APORESS OF PERSON V	DO W. P	THE STEEL ST. S.		29c. LICENSE NUMB	26	29d. DATE	HIGHED (Month, Da	y. Year)	
	SIL DATE FILED/Agont Coy, Year)	32. REGISTRAR'S SIGNA	TURE					/		
	APK 1 0 1992	John Devidson-M	andell							



14001 00

ga edil.

31. DATE FILED (Month, Day, Year)

APR 1 0 1992

July Davidson Mandage

HYSICIAN: The law requires that the death certificate be executed within 2-10 urs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	floon, or removal.	rked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial	be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene phor to bunal, cremation, of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other tra

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.	E	10042	
	1. DECEDENT'S NAME (First, Middle, Lest)  ETTLE  4. SOCIAL SECURITY NUMBER  S	YOUN SEX 6. AGE (I	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DATE OF BIRTH (Month, Day, Year)	92 6. BIR	3. TIME OF DEATH  6:05 A M  THPLACE (State or Foreign noty)	
	9a. FACILITY NAME (If not institution, give stree	9c. COUNTY OF	DEATH						
DIRECTOR	RESIDENCE OF DECEDENT	9 HOM	E			E GRACE	HAA	RFORD	
וווני	10a. STATE 10b. COUNTY	CAME	10c. CITY,	TOWN DR LOCAT	NON E			10d. INSIDE CITY LIMITS? 1 PYES 2 NO	
	10e. STREET AND NUMBER	SAME		101	I. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
מאום		N AVE	II.C. APMIPO	1 1 1 1 1 1 1 1 1	210	78 NC ORIGIN? (Specify Yes	- 1 14 BV	S. ACE — American Indian,	
10	1 Never Married 2 Married 3 Widowed 4 Diverced	FORCES? 1 YES	2 110	If yes, sp		n, Puerto Rican, etc.)	BI	ack, White, etc. ecity: BLACK	
PLEIEU	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of w life. Do NOT use Houseke	ork done during mo retired.)		Domest	SINESS/INDUSTRY	,	
BE COMPL	17. FATHER'S NAME (First, Middle, Last)  SAMUEL W	ALLAC	E		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame) SON		
2	190. INFORMANT'S NAME (Type/Print)	ANS	843	3 W S	pringi	New Number, City or Tow		DGEWOOD MI	
	20a. METHOD OF DISPOSITION  1 Separation 2 Cremation 3 commove  4 Donation 5 Dither (Specify)	al from State	PLACE OF DISPOS	AME Z	ion Ch, (	Cem, No		Pa. 11352	
)	21. SIGNATURE OF FUNERAL SERVICE UCD	Kon	haus	V .	Main S	t.Stewarts	rtenstei stown, P	n Mortuary In a. 17363	
	23. PART 4. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, interval Between Onset and Death								
CALION	Sequentially list conditions, If any, leading to immediate  Server Electrolyte Imbalance  Due to (or as a consequence of):  Supermore of Images provide Authorities 3 WKs  Due to (or as a consequence of):								
ERIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting In death) LAST  d.								
C	PART II. Other significant conditions	contributing to death b	ut not resulting i	n the underlyin	ng cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
N: MEDIC	1   YES 2   ND OF DEATH? 1   YES 2   NO								
		HOSPITAL:		OTHER:	LACE OF DEATH (C				
PHYSICIAN	27. MANNER OF DEATH  1 \( \subseteq \) before the second s	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	)	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	' — Al home, farm, s	street, factory, offi	ce	281. LOCATION (Street City or Town, State		ral Route Number,	
COMPLETED	cont only	AN: To the best of my know On the basis of examination						se(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MD.			29c LICENSE NO.		P U L	NED (Month, Day, Year)	
SO, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 (App. Print)  KAMBUDIA MITTARALI MD 703 REVOLUTON ST. HAVEE DE GRACIS MD 2107								mp 21078	

METRIE R VERNIGHE HAVES DE GREE HAVEL RO 

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	NE	MADVI AND	/ DEPARTMENT	OF	MEALTH	AND	RECEITAL	HVCIENE
SIMIL	UI	MINUTE LAND	DEFANTMENT	Ur	DEALID	ANU	MICHIAL	HIGHERE
		C	ERTIFICATE	0	F DEAT	TH		BEG NO

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND DEATH	MENTAI	HYGIEN	E	100	70
DECEDENT'S NAME (First, Middle, Last) EUGENE	(NMN) ATKINSON				2. DATE MONTH 04	OF DEATH			ME OF DEATH
SOCIAL SECURITY NUMBER	1 💢 M 2 🗆 F	_	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		of BIRTH , Day, Year) -3-192	28	Country)	Jersey
n. FACILITY NAME (If not institution, give 713 EAST COLD SP		91		IMORE	DEATH		9c. COUNTY	OF DEATH	
esidence of decedent assured 106. count		10c. CITY, I Ba.	DWN OR LOCAT Ltimore	ION				10d,	NSIDE CITY LIMITS?
713 E. Coldspri	ing Lane		101	ZIP CODE	21212			OF WHAT O	YES 2 NO
MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spi	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Spec	en, Puerto F		s or No- 14	. RACE — An Black, White Specify: Bla	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	16e. DECEDENT'S US (Give kind of work We. Do NOT use to Adm/Fede	done during mos etired.)	st of working	16b.		siness/indus	TRY	rtation
FATHER'S NAME (First, Middle, Last) Eugene Atkinso	on Sr			16. MOTHER'S N		Aiddle, Maiden			
Mrs G J Atkinso	on			nd Number or Rurel Avenue ,				cle)	
PART I. Enter the diseases, or shock, or heart failure.  AMEDIATE CAUSE (Final issess or condition seuting in death)	1 me	4/10/92 d the death. Do not each line.				, BAlt		21201	Approximate interval Batween Onset and Death
sequentially list conditions, smy, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esulting in death) LAST	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):							
ART II. Other significant condition	ns contributing to death b	out not resulting in t	ha underlying	cause given in	Part I.	24e. WAS AN PERFOR	RMED?	AWAIL/ COMP OF DE	AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE ATH?  CS 2   NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C					
MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 04/02/199	28b. TIME OF	f 28c. INJU	RK?	28d. DE\$	CRIBE HOW I	NJURY OCCUR		CETE
Accident Investigation  S Suicide 6 Could not be datermined		/ — At home, farm, stree		2 LANO					"SPRING I 21212
	ICIAN: To the best of my know	rledge, death occurred a			e to the cau	se(s) end mer	ner es stated.		
SIGNATURE AND TITLE OF CERTIFIE	épres.	m		O.C.M.	MBER		29d, DATE SI		, Day, Year)
MAME AND ADDRESS OF PERSON WH	10 ru	111 PEN		ET BALT	IMORE	E, MAR	YLAND	2120	1
APR 13 1992	132. PETERSTRAPS STA	ATT BEARING				-			

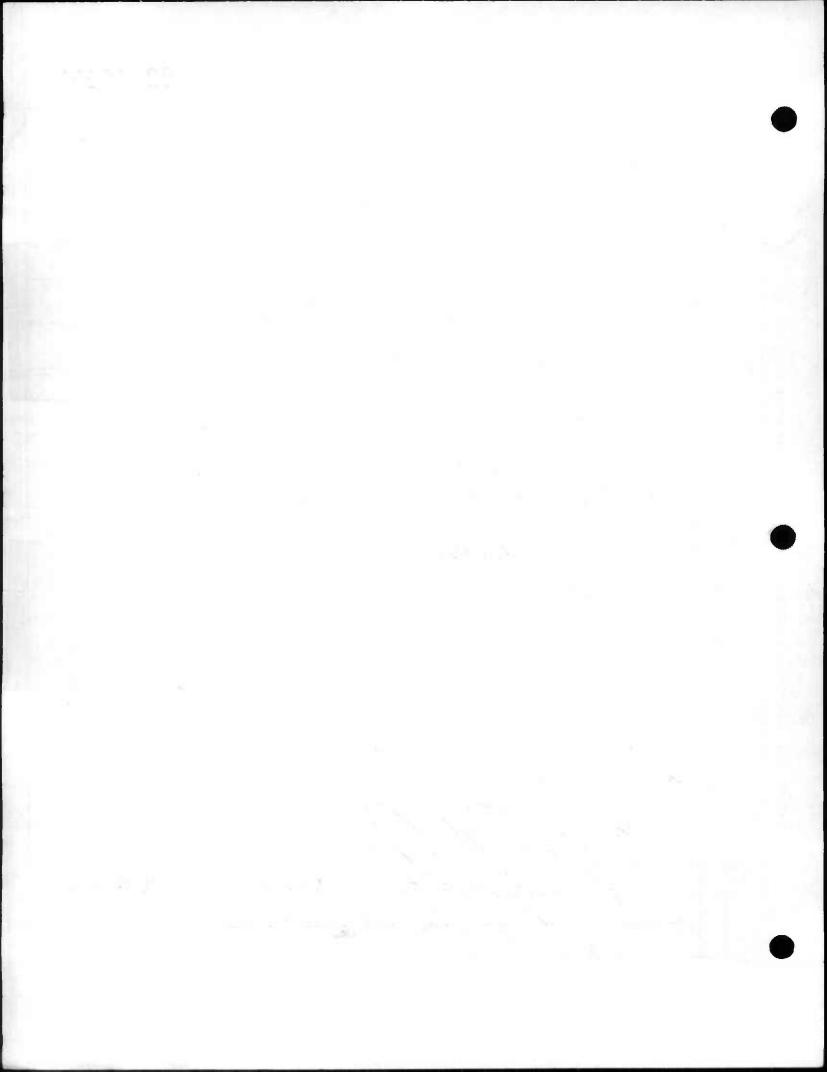
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	2		4	L

_	* REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF D	DEATH	YEAR 3.	TIME OF DEATH
	Richard V.	Anderson				1		2	4:10 P/ "
	4. SOCIAL SECURITY NUMBER 213-01-8499	5. SEX 1 □ ON 2 □ F		F UNDER 1 YEAR ONTHS SAYS	IF UNDER 24 HRS. HOURS NIN.	7. DATE OF 8 (Month, Dec.) 4-20-(	AT 100	Country) Maryl	ACE (filtete or Foreign
	Se. FACILITY NAME (If not institution, give street and number) Sb.				OR LOCATION OF D			TY OF DEAT	3355
DIRECTOR	Edenwald Towson							Balto	
EC	10s. STATE 10s. COUNTY 10c. CITY, YOWN OR LOCATION							10	d. MISIDE CITY
		cimore	Tows	7.1.1					□ YES 2 NO
FUNERAL	800 Southerly	Rd.		100	21204		4.250,000	S.A.	T COUNTRY?
BY	11. MARETAL STATUS 1 Never Married 2 3 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV. FORCES? 1 1 1 IF YES, GIVE WAR C	res z XINO	If yes, sp	ENDENT OF HISPA ecity Cuthen, Mexico 2 St NO Specif	in, Puerto Rican	pecify Yes or No-		American Indian, fills, etc.
8	15. DECEDENT'S EL (Specify only highest gre		16a. DECEDENT'S US	HIAL OCCUPATION	ON .	16h. XINO	D OF BUSINESS/INDU		0
=	Elementary/Secondary (0-12)	College (1-4 or 5 +)	/Give hind of wor Me Do NOT user	k done during inc effect.)	at of working				
COMPLETED	8th	5945 TOMPS TO	Owner			Fur	miture St	tore	
8	77. FATHER'S NAME (FIRST, ANNANA LANS) Richard		2			ME (First, Middle	a, Malden Sumamul		
BE		An	derson		Mary		Wieland		
2	Lola A. Anderso	n					Sty or Xwm, Stets, Zip (	Cicrole)	
	Colored Color Color Color		20b. PLACE AND DATE OF				id. 21204		
	20s METHOD OF DISPOSITION 1 Gurial 2 Gramation 3 Re 4 Donation & Other (Specify)	movel from State	pulaney Va	ralacui)		DATE A 7 7	20s. LOCATION — O	SERVICE STREET	
	21. SIGNATURE OF UNERAL SERVICE	ОСЕНВЕН	1/	22. NAME AN	D ADDRESS OF FA	CILITY	Timonium	, Ma.	
	* Treatel C	Alsh y	K	Duck	Towson F		50 York R Home, In		1204
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Seps	AS A CONSEQUENCE OF):						Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR A	AS A CONSEQUENCE OF:						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A COMSEQUENCE OF):								
	PART II. Other significant condition	one contribution to day	to have most an address to a				Was District to the Control of the C	_	
MEDICAL			and the resulting in	the underlying	cause given in	00/25/4/11	YES 2 NO	COL	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ÿ									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 YES 2 100	HOSPITAL:	Outpatient 3 🗆 DOA   4		ACE OF DEATH (Ch		- Carlot		
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28s. DATE OF INJU	NY 26b. TIME O	OF 28c, INJ Y WO			E HOW INJURY OCCU	MED	
TED	2 Suicide 6 Could not be 4 Homicide determined	284. PLACE OF INJ building, etc.	URY At home, farm, stre Specify)	et, factory, office		28f, LOCATION City or Tox	N (Street and Number o vn. State)	r Runel Route	r Mumber:
COMPLETED	(Check only 1 CERTIFYING PHY ON) 2 MEDICAL EXAMIN	BICIAN to the least of my w	phylodige, design occurred ; teron undisprovestigation, ;				and manner as stated place, and due to the		if menner as stated.
BEC	296. SIGNATURE AND TITLE OF CENTER	* Y/a	//	-	29c. LICENSE NUN		100		nth, Clay, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPANIES OF CRUSE OF	DEATH ATEM 27) (See De	net)	D3794	19	P L	1-11-	۹2
	Alexander Bogd	//			erty pa		21784		
	31. DATE FILED (Month, Day, 1984).	1 9 1002	MADD 19	Andalla	8		44/04		
	<b>APR</b>	1 3 1992							

BALTIMORE, MARYLAND 21215-0020



d by the hospital of the detached for at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 04 10 1992 02:10 M								
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HMS. 7. DATE OF BIRTY (Month. Day Was)								
	03-10-23 (ANIANO								
DIRECTOR	96. FACILITY NAME (If not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH								
EG	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
	MARYLAND BALTIMORE TOWSON 1 VES 27/8 NO								
FUNERAL	SIT PARK AVE. 21204 U.S.A.								
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1   Never Merried   2   Married   12   Married   13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   15. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   15. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   15. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No   15. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No   15. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No   15. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No   15. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No   15. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No   15. RACE — American Indian, Black, White, etc.   15. WAS DECENDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR								
D BY	3 Wildowed 4 Divorced								
ETEL	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give int of work done during most of working (iii). Do NOT use retired.)								
PE	Elementary/Secondary (6-12) College (1-4 or 5 +)								
COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Mariden Surname)								
ш	JACOB LIST MARGARET LIST								
TO B	19e. INFORMANT'S NAME (TyperPrint)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)								
	200. METHOD OF DISPOSITION  200. BETHOD OF DISPOSITION  200. BETHOD OF DISPOSITION (Algority)								
	Buriel 2 Cremation 3 Removal from State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  EVANS CHAPLE OF CHIPSES								
	EVANS CHAPTION CALLES								
	23. PART I. Enter the disesses, or complications that assed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Death								
	disease or condition . Lung Cancer 6 months.								
	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  b.  DUE TO (DR AS A CONSEQUENCE OF):								
S	CAUSE (Disease or Injury								
T.F	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
CEF	d								
Ä	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRIDINGS AMILABLE PRIOR TO								
EDICAL	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?								
2	1 TES 2 NO								
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATN (Check only one)								
SIC	EXAMINER?  1 YES 2 ND  HOSPITAL:  1 Inpatient 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)								
PHYSICIAN:	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED								
ВУ	2 Accident Investigation " 1 YES 2 ND								
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								
PLE	29s. CERTIFIER (Check only) (Check only) (Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated.								
NO.	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.								
BE (	200. SIGNATURE AND TITLE OF CERTIFIER Resident in Internal Medicine 200. LICENSE NUMBER 200. DATE SIGNED (Month, Day, 1601)								
10 E	B. Lankachad Cod Samaritan Hospital  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 (Type, Print))  20c. LICENSE NUMBER  20d. DATE SIGNED (Month, Day, Voor)								
	DI. R. Lankachandra Cond Samaritan Historial Baltimore, MD.								
	31. DATE FILED (Month Day West) 8 32. REGISTRAD'S GIGNATURE								
	APR 13 1992 July Davidson-Mondales								



DIRECTOR: After the hours after death v

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE De filed within 72 hours at IMPORTANT: If Item 21

be retained by the hospital or attending physician.	age 5 should be detached for use as the burial-transit permit. Pa		be notified at once.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa	nouns after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

92 10046 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN DAY 1992 YEAR Eartha Mae Brooks April 9, 1:00 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. April 22, Maryland 215-05-1954 1 M 2 X F 75 YRS. 1910 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 4311 Greenhill Avenue Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY XX YES 2 NO Maryland Baltimore FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4311 21206 Greenhill Avenue U. S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Pur 1 YES 2 A NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) College (1-4 or 5+) NA Clerical Blue Cross & Blue Shield 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Ephraim V. Bell Eartha Devilbiss 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) 2 Kenneth P. Brooks (Son) 5604 Benton Heights Ave., Balto., Md. 21206 20a, METNOD OF DISPOSITION
1XX Burlel 2 Cremetion 3 In 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Gardens of Faith Cemetery 4 Donation 5 Other (Specify) Baltimore, Md. 21 SIGNATURE OF FUNERAL STREET 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, m Md . 21213 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Approximate shock, or heart failure. List only one cause on each line. Interval Betwee IMMEDIATE CAUSE (Final Macroglobulinencia Onset and Death disease or condition Waldenstroms 4 mon resulting in death) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 TYES 2 T NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) 1 X YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DDA 4 ☐ Nursing Home 5 D Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Dr. Charles Padgett, Good Samaritan Hospital, 5601 Loch Raven Blvd, Balto., Md.

29c. LICENSE NUMBER

1554

BE

2

296. SIGNATURE AND TITLE OF CONTIFIER

warles

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Julia Davidson Pandale

30. NAME AND AGORESS OF PERSON WNO COMPLETE! CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

10-92

APP 13 1896 January Paris

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

296. SIGNATUME AND TITLE OF CERTIFIER

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OCCUTATION ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 ho
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	ATIGORITA

THERON BLACK. SR. 04 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 XM 2 F 216-05-0149 07-07-18 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR MEDICAL CENTER FORT HOWARD RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION **MARYLAND** BALTIMORE FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 1119 LONGWOOD STREET 21216 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) FORCES? 1 TYES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Merried 2 X Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced 1944-1946 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) PORTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at URAL BLACK BE MARTHA TERRY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING Appress (Street and Number of Rural Route Number City of Town. State Zip Code) 21216
VA MEDICAL CENTER, FT HOWARD, MARYLAND 21052 Fannie **Black** 2 CLINICAL RECORDS Pe 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 | Burlel 2 | Cremetion 3 | Removal from State 4 | Donation S | Other (Specify) funeral director, 4/14/92 Garrisos Forest Owings Mills, Md. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE . 22. NAME AND ADDRESS OF FACILITY filled in by the fi 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, abock, or heart fellure. List only one cause on each line. ŏ IMMEDIATE CAUSE (Final the disease or condition cremation. completely SUBARACHNOID HEMORRHAGE injury, or other traumatic event, resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to burial. CERTIFICATION and Sequentisity list conditione, it sny, lesding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST been signed by the attent. of Health and Mental PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. MEDICAL shows any PHYSICIAN: certificate has been the State Dept. of 23 25. WAS CASE REFERRED TO MEDICAL Item 28 PLACE OF DEATH (Check only one, HOSPITAL OTHER: 1 TYES 2 NO Monpetient 2 ☐ ER/Outpetient 3 ☐ DOA marked, or the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) this co 28b. TIME OF INJURY 28c. INJURY AT WORK? 5 Pending Investigat 1 X Natural M After I BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: AT DE filed within 72 hours after of IMPORTANT; If Item 28 is 3 Suicide 90 COMPLETED 8 Could not be 4 Homicide determined

**GEORGIA** 

YEAR

9c. COUNTY OF DEATH

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

BLACK

USA

3. TIME OF DEATH

1:00

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

M

REG. NO.

10

2. DATE OF DEATH

Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 Approximete Interval Between **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 100 OF DEATH? 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the beele of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Pay, Year) 1- Wonst 40903 9 6 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOSEPH QUIST --VA MEDICAL CENTER, FT HOWARD, MARYLAND 21052 32. REGISTRAR'S SIGNATURE DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 DECEDENT'S NAME (First, Middle, Last	Ricard	Burb	oano	mo		2. DATE	of DEATH 31	AY 1	YEAR 992	3. TIME OF OEATH 8:58 a
4. SOCIAL SECURITY NUMBER  226-43-3453	5. SEX 1 (X) M 2 □ F	6. AGE (In yrs. lest b		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH th, Day, Year)		Country	PLACE (State or Foreign r) ador
9a. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOWN	OR LOCATION OF			9c. COUN		
PARKING LOT, I	RIGGS AN	D CHILL	IM R	ROADS	HYATT	SVIL	Û E	PRI	NCE	GEORGES
	The city, four bocarion						10d. INSIDE CITY LIMITS?			
	Fairfax		Fra	els C	hope	4				1 YES 2 NO
3048 T-Cd	0 011	11 1	4	10	f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARME	ED	13, WAS DEC	22044 CENDENT OF HISP	ANIC ORIGI	N? (Specify Ver	II.S	-	American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO		If yes, ap	ecify Cuban, Maxis 3 2 NO Spec	cen, Puerto	Rican, etc.)		Specif	, White, etc.
15. OECEDENT'S ED (Specify only highest grad	UCATION (e completed)			SUAL OCCUPATI		16	b. KIND OF BU	SINESS/INDU	USTRY	WILLEC
Elementary/Secondary (0-12)	College (1-4 or 8	He. Do	Oo NOT use n	retired.)						
1.7. FATHER'S NAME (First, Middle, Last)		_ I S	tuder	nt	18. MOTHER'S N		Educat			_
Ruben A. Burbano							edes B	,	no	
19a. INFORMANT'S NAME (Type/Print)		19b. A	MAILING AD	DDRESS (Street	and Number or Rura					
Richard B. Howar	d	3	048 F	Federal	Hill D	r, Fa	lls Ch	urch,	VA	22044
20a. METHOD OF DISPOSITION  1 String Burlet 2 Cremetton 3 Rec	moval from State	cemetery, creme	atory or other			DA	1000	CATION — C		
4 Donetion 5 Other (Specify)		Columi	hia C	Tardone	Cemeter	C37	Arl	ingto	n. V	Δ
21. SIGNATURE OF PUNERAL SERVICE L	ICIPHISEE /			22 NAME A	ND ADDRESS OF E	ACH ITY		- 7.		4.1
23. PART I. Enter the diseases, or shock or heart failure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	complications that	2000	th. Do not	22. NAME A	W. Broad	ASE,	urphy FA11s	Funer Chur	al H ch,	VA 22046  Approximate interval Between Onset and Date
23. PART I. Enter the diseases, or shock or near failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Complications that List only one can be a DUE TO	caused the death	th. Do not the Do not ence of):	22. NAME A	W. Broad	ASE,	urphy FA11s	Funer Chur	al H ch,	VA 22046  Approximate interval Between Onset and Date
23 PART I. Enter the diseases, or shock or heart failure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that List only one call BUE TO DUE TO d.	Caused the death se on each line.  OR AS A CONSEQUE  OR AS A CONSEQUE	ENCE OF):	22. NAME A  1102  t enter the mo	W. Broad od dying, au	ASE,	FAlls diac or reapi	Funer Chur Instory area Und H	al H	VA 22046 Approximata interval Between Onset and Date of the Control of the Contro
23. PART I. Enter the diseases, or shock or near failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that List only one call BUE TO DUE TO d.	Caused the death se on each line.  OR AS A CONSEQUE  OR AS A CONSEQUE	ENCE OF):	22. NAME A  1102  t enter the mo	W. Broad od dying, au	ASE,	FAlls diac or reapi	Funer Chur Pratory arre	al H	VA 22046 Approximata interval Between Onset and Date of the Control of the Contro
23 PART I. Enter the diseases, or shock or heart failure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	Caused the death se on each line.  OR AS A CONSEQUE  OR AS A CONSEQUE	ENCE OF):	the underlyin	W. Broad de of dying, au	MOUY  N Part I.	24a. WAS AN PERFOR	AUTOPSY IN NO	al F. ch,	Approximate interval Betwee Onset and Dad On
23. PART I. Enter the diseases, or shock or heart failure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditions of the cause of	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	Caused the death se on each line.  2 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ENCE OF):	tenter the mo	W. Broad Added to dying, au Cutting  g cause given in ACE OF DEATH (C)  ace 5   Residence upper link?	MOUY  N Part I.	24a. WAS AN PERFORM 1 YES 2  or (Specify) SCRIBE HOW II	AUTOPSY IMED?  AUTOPSY IMED?  I OT  NUURY OCC	24b.	Approximate interval Betwee Onset and Dad On
23. PART I. Enter the diseases, or shock or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficiently for the conditions of the conditions o	Complications that List only one cast Due to be	Caused the death se on each line.  A TIDA MO (OR AS A CONSEQUE (OR AS A CONSEQUE death but not rest linuury my, Your)  1 ER/Outpatient 3 INJURY My, Your)  3-31-92  FINJURY At home atc. (Specify)	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  ODA 4  28b. TIME O INJURY	22. NAME A  1102  t enter the mo  25/46  the underlyin  26. Pi  OTHER: Nursing Horn  Nort, factory, office	G ceuse given in  ACE OF DEATH (COMPANY)  UNITY AT 19765 2 NO	MOUTE ST. ST. ST. ST. ST. ST. ST. ST. ST. ST.	24a. WAS AN PERFORM  1X YES 2  ATION (STRONGE HOW IN JOINE)  ATION (STRONGE TOWN)   AUTOPSY MEO?  DOT HOUSE TO TO THE PROPERTY OCCUPANTS OCC	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ARKING	
23. PART I. Enter the diseases, or shock, or near failure immediate cause or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  TY YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined to the condition of the country of the	Complications that List only one call  Strangulary one call  Strangulary one call  DUE TO  DUE TO  DUE TO  DUE TO  d.  HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D. (Month, D. 28e. PLACE O building,	Caused the death see on each line.  at in Mol (OR AS A CONSEQUE)  (OR AS A CONSEQUE)	ENCE OF):  ENCE OF):	the underlyin  26. Pi  THER:  Nursing Horr  THE 126. IN.  W 10  The t, factory, office  L OT  at the time, data	M. Broad M.	MOUY  No Part i.  Sheck only of the Can De Call, LOC City UM	24a. WAS AN PERFORM 1 YES 2  ATTOM (Specify) SCRIBE HOW II CA TOWN, Share) ROAD  use(a) and man	AUTOPSY IMED?  AUTOPSY IMED?  NO  WBI I OT  NURV OCCUPATION  HYAT  MARX	24b.  24b.  C P  ROA  TSV  J AN	Approximate interval Between Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset Onse
23. PART I. Enter the diseases, or shock or heart failure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditions o	Complications that List only one cade  Sica of U  But TO  But TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  The Spiral:  1   Impelient 2   Impelient 2   Impelient 2   Impelient 2   Impelient 3   Impelient 3   Impelient 4   Impelient 4   Impelient 4   Impelient 5   Impelient 5   Impelient 6   Impelient 6   Impelient 7   Impelient 7   Impelient 7   Impelient 7   Impelient 8   Impelient 8   Impelient 9    Caused the death see on each line.  at in Mol (OR AS A CONSEQUE)  (OR AS A CONSEQUE)	ENCE OF):  ENCE OF):	the underlyin  26. Pi  THER:  Nursing Horr  THE 126. IN.  W 10  The t, factory, office  L OT  at the time, data	Broace  W. Broace  Inde of dying, au  Cutifund  Green and green in  ACE OF DEATH (Come 5   Residence  URRY AT  PRES 2 NO  e and place, and due to occurred at the	MOUY  Neck only of the case of time, date	24a. WAS AN PERFORM 1 YES 2  ATTOM (Specify) SCRIBE HOW II CA TOWN, Share) ROAD  use(a) and man	AUTOPSY MEO?  NO WBI I OT NUMBY OCCUPATION AND AUTOPSY MARY OCCUPATION AND AUTOPSY MARY AUTOPSY	24b.  24b.  CP URED TSV I AN COUDO(6)	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ARKING  ARKING  D MARID CH  IIIE,  D  and manner as stated.	
23. PART I. Enter the diseases, or shock or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  TY YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined.  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.  29b. SIGNITURE AND TITLE OF CERTIFIER.	Complications that List only one cade  Sica of U  But TO  But TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  The Spiral:  1   Impelient 2   Impelient 2   Impelient 2   Impelient 2   Impelient 3   Impelient 3   Impelient 4   Impelient 4   Impelient 4   Impelient 5   Impelient 5   Impelient 6   Impelient 6   Impelient 7   Impelient 7   Impelient 7   Impelient 7   Impelient 8   Impelient 8   Impelient 9    Caused the death see on each line.  A TIDD MOI (OR AS A CONSCOUR (	ENCE OF):  ENCE OF):  ENCE OF):  Sulfting in the control of the co	the underlyin  26. Pi  THER: Nursing Horr  F 28c. INJ  M 1 1  at the time, data in my opinion, d	M. Broad M.	MOUY  St, ich as car  Wouy  Part i.  Sheck only o  St 281. LOC  City  UM  In to the ca  In the ca	24a. WAS AN PERFORM 1 YES 2  ATTOM (Specify) SCRIBE HOW II CA TOWN, Share) ROAD  use(a) and man	AUTOPSY MEO?  NO WBI I OT NUMBY OCCUPATION AND AUTOPSY MARY OCCUPATION AND AUTOPSY MARY AUTOPSY	24b.  24b.  PROATISV JAN  Cause(s)  SIGNED	Approximate interval Between Onset and Dad Maria Ble Prior To COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ARKING  The Prior To COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ARKING  The Prior To COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ARKING  The Prior To COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ARKING  The Prior To COMPLETION OF CAUSE OF DEATH?	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If item 28 is man	

						0.0	
_	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN		10049
	1. DECEDENT'S NAME (First, Middle, Last)	•			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
		CLARK			04 10	1992	6:45PM M
	4. SOCIAL SECURITY NUMBER 301-09-5813	5. SEX 6. AGE (In yrs. las	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05/05/19	1 1 1 1	BIRTHPLACE (State or Foreign
oc	9e. FACILITY NAME (If not institution, give str			Y, TOWN OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH
Ē	G.B.M.C., 6701 N.	CHARLES STREET		OWSON		BALT	TIMORE
DIRECTOR	10a. STATE 10b. COUNTY		10c, CITY, TOWN	OR LOCATION			10d. INSIDE CITY
	MARYLAND BALT	IMORE	BALTIM	ORE			1 YES 2 NO
¥	10e. STREET AND NUMBER			10f, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
剪	8006 HARFORD ROA	D		21234		N.	>,4.
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES	NO 13	. WAS DECENDENT OF HISP. If yee, specify Cuban, Mexic 1 YES 2 NO Specific	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
	15, DECEDENT'S EDUC		CEDENT'S USUAL (		16b. KIND OF BL	JSINESS/INOUST	TRY
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	ive kind of work done . Do NOT use retired.) TRON	during most of working	R		
0	17. FATHER'S NAME (First, Middle, Last)	4 0 . /		18. MOTHER'S N	AME (First, Middle, Malder	Symame)	1
BE C	JOSEPH (	LARK		GER	TRUDE	KI	mmon
10	190. INFORMANT'S NAME (Type/Print)	ECORDS 198	SAM	SS (Street and Number or Rura	A BOVE	vn, State, Zip Coo	Jo)
;	20e. METHOD OF DISPOSITION  1  Burial 2  Cremetion 3 Remove 4  Donation 5  Other (Specify)		AND DATE OF DISPO		0ATE 20c. LO	OCATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	F. Gain	22	NAME AND ADDRESS OF F	HAPEL	OF	MEMORIE
	23. PARTY I. Enter the diseases/or co	omplications that caused the de	oth Do not onto	a the made of diday and			
	ahock, or heart fallure. L	ist only one cause on each line	).	r the mode or dying, su	on as cardiac or reap	iratory arreat,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	CADDIODECDI	DATODY A	DDECT			Onset and Death
ŀ	resulting in death)	. CARDIORESPIF DUE TO (OR AS A CONSEC		RKESI			IMMEDIATE
z		CORONARY ART		FASE			10 VEADS
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC		LASE			10 YEARS
3	CAUSE (Disease or Injury	DIABETES MEL	LITUS				15 YEARS
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
#	d.						
- 1	PART II. Other significent conditions	contributing to deeth but not r	resulting in the u	nderlying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	(1) HEPATITIS	(2) ADENOCARO	CINOMA OF	PROSTATE.	PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	STAGE D		2.2110(111 01		1 □ YES	1 100	OF DEATH?
-							1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	theck only one)		
Sic		HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 - Residence	E ☐ Other /Speciful		
ξ	27. MANNER OF OEATH	26s. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?			
- 1	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At hor building, stc. (Specify)	me, farm, street, lec	tory, office	28f. LOCATION (Street	and Number or R	tural Route Number,
	4 Homicide determined	g, and topourly			City or Town, State		
COMPLETED	200. CERTIFIER (Check only	IAN: To the best of my knowledge, dec	ath occurred at the	time, data and place, and du	e to the cause(s) end me	nner as stated.	
NO.		On the basis of examination and/or is					use(s) and menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	1/1		20c. LICENSE NU		29d. DATE SIC	GNED (Month, Day, Year)
	perenul!	Volen MD		0250	10	1 Ctp	2.10,1992
2	O NAME AND ADDRESS OF PERSON WHO	COMPLÉTED CAMPS OF DEATH STEE					

HARFORD

RO

SOURCE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

SERENA R. NOLAN, 19.D. 8035A

32. REGISTRAR'S SIGNATURE



31. DATE FILED (Month, Day, Year)
APR 1 3 1992

BALTIMORE

page 5 should be detached for use as the burial-transit

24 hours after death. Page 6 may be retained by funeral director, n by the fi and completely filled in by burial, cremation, or remo HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the attending physician Mental Hygiene prior to and and signed the has been to this with L DIRECTOR: After the hours after death v

prior to

1 -CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATN 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Carter YEAR OTIS 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 84 458-14-4959 1 M 2 | F MONTHS DAYS HOURS MIN. YRS. WASK 9 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR GROSVENOR HEALTH CENTER BETHESDA Montgomery co RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Montgomery County Bethesda 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? GROSVENOR HEALTH CENTER USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yea, specify Cuben, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cubs 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: Specify. 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 e 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION --- City or Town, State must mation 3 - Ram Buriel 2 - Cre oval from State cemetery, crematory or other place! 4 □ Donation 6 □ Other (Specify) in state 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald examiner 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY Wade, Dir BOARD 4/9/92 655W.BaltimoreSt,Balto.,MD 21201 meles medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Finel Onset and Death the disease or condition Luna Carcinoma resulting in death) evenf, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: 23 26. PLACE OF DEATN (Check only one) item certificate h the State I , or item QTMER: Nursing Nome 5 Residence 6 Other (Specify) 1 Dipatient 2 ER/Outpatient 3 DOA 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 24d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO ВY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY -- At home, larm, street, factory, office building, etc. (Specify) 3 Sulcide 0.00 6 Could not be COMPLETED 28 4 Homicide determined Item 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE FILE WITHIN 72 M IMPORTANT; If It 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE-OF-CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 208546 Sai 0 ... 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANS 63 ber 8.516 WISCONSIN SUA Peal 32 REGISTRAR SIGNATURE 10

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE PM

_	1 - STATE REGISTRAR		CEI	RTIF	ICATE OF	DEATH		REG. NO.			3. TIME OF DEATH
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATH MONTH BAY YEAR ADril 8 1992			
DIRECTOR	HYMAN 4. SOCIAL SECURITY NUMBER 5. SEX		CHIZIK  8. AGE (In yrs. lest birthday)		IF UNDER 1 YEAR	IF UNDER 1 YEAR   IF UNDER 24 HRS.		April 8			5:00 A. M
	179 10 6851	1 ☑ M 2 ☐ F	78	YRS.	MONTHS DAYS	HOURS MIN.	(Mo	n. 10, 19	14	Country	svlvania
	Sa. FACILITY NAME (If not institution, give a	11	70		9b. CITY. TOWN	OR LOCATION OF		1.10,17	-	NTY OF DE	7
					Rocky		J.CAIII				
	RESIDENCE OF DECEDENT	12710 Turkey Branch Parkway				TITE			Mon	tgome	ry
띭	10s. STATE 10b. COUNTY	10s. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland Montgomery			Rockville							NX YES 2 NO
A	10e. STREET AND NUMBER				10f. ZIP CODE			120			HAT COUNTRY?
FUNERAL	12710 Turkey Branch Parkway			20853			3		Uni	ted S	States
5	11. MARITAL STATUS  12. WAS DECEDENT EVER II FORCES? 1 X YES			N U.S. ARMED 13. WAS C		ECENDENT OF HISPANIC ORIGIN specify Cuban, Maxican, Puarto				14. RACE — American Indian, Black, White, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	R OR DATES			2 NO Specify:			Specify: White			
	15. OECEDENT'S EDU	tes DECI	16a. DECEDENT'S USUAL OCCUPATION								
	(Specify only highest grade completed)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				166, KINO OF BUSINESS/INDUSTRY			
1 5	12 years	College (1-4 or 5+)		Driver and Dispatcher				Diamon	d Ca	b Con	apany
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16 MOTHER'S	NAME (Fire	t, Micklie, Makken	Sumama)		
ŏ	Louis Chizik					Lena I	The state of		ourname,		
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAJLING	ADDRESS (Street	-			n. Stata. Zi	p Code)	20853
2	Mary W. Chizik			19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12710 Turkey Branch Parkway, Rockville,							
	20a. METHOD OF DISPOSITION		20b. PLACE OF	FOISPO	SITION (Name of co					City or Toy	
	1 G Buriel 2 Cremation 3 Rem	oval from Stata	Tudo on	,	morial (	ardone	4/1	0/1992	01n	ev M	faryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	STEIN HEBREW MEMORIAL FUNERAL HOME, Inc.										
	232 CARROLL STREET, NW, WASHINGTON, DC  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximate										
	shock, or heert fellure. List only one cause on each line.									Interval Between Onset and Death  24 Years	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events							The act.			
ER	resulting in death) LAST	d									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMAGO?  1 VES 2 PRO						WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
2	EXAMINER?	HOSPITAL:	FB/Outpetlant 3 [	DOA	OTHER:	me 5 Aneiden					
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. Ti	ME OF 28c. IN	JURY AT	_	DESCRIBE HOW	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, De	ly, Year)	II.		ORK? YES 2 NO					
ВУ	a C audit	2 Accident Investigation 3 Suicide 2 Could and by 28e. PLACE DF INJURY — At home, for					28f. L	OCATION (Street	and Numbe	or or Rural A	loute Number,
띹	3 Suitcide 6 Could not be determined 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE DF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.										
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI			DMBER 29d. DATE SIG			(Month, Day, Year)
10 B	Claron H. Tracem Mo				C-62			230 Dari			5,1992
Ĕ	Dr. Aaron H. Traum, M.D., 8915 Georgia Avenue, Silver Spring, Maryland 20910										
	31. DATE FILED (Month, Day, Year)	0	R'S SIGNATURE		,						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	HEGISTIAN	OLITITIO	AIL OF DEA	111	HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) A.	ton M	2. DATE OF DEATH MONTH DAY YEAR 1:45 P M						
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AG	E (In yrs. last birthday)	FUNDER 1 YEAR   IF UNDER		ATE OF BIRTH	B. BIRT	THPLACE (State or Foreign		
	219-58-6585 10H2XF	39 YRS.	ONTHS DAYS HOURS	0.	Month, Day, Year) 3-2-6-5	3 MI	4RYLAND		
m	Se. FACILITY NAME (If not institution, give street and number)	96	LOCAT			9c. COUNTY OF			
DIRECTOR	ST JOSEPH HOSPITAL		100301			TOWSON-BALTO			
#	10e. STATE 10b. COUNTY		OWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	LIGHTON RUTILLOUS	100	IRMEY				1 TYES 2 NO		
FUNERAL	10e. STREET AND NUMBER		10f. ZIP COO	10g. CITIZEN OF	WHAT COUNTRY?				
NE	2800 Serond Ave.		1 3	S-A-					
교	11. MARITAL STATUS  1 Never Married  1 Never Married  1 Never Married	R IN U.S. ARMED	13. WAS DECENDENT	CE — American Indien, ck, White, etc.					
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 - YES 250 NO	icity:					
	15. DECEDENT'S EDUCATION						33115		
COMPLETED	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	done during most of world	ing	16b. KIND OF BUS	INESS/INDUSTRY			
ايا	Elementary/Secondary (0-12) College (1-4 or 5 +)				1.1.	1			
N N	6710	1 -000.	SIRVICE		MEVI	772			
	17. FATHER'S NAME (First, Middle, Last)	0.00.0	18. MOT	18. MOTNER'S NAME (First, Middle, Maiden Surname)					
BE		BERGER.	26 1	ARIA	2.11	ALIOS	Ki		
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number			, State, Zip Code)			
- 1	FAMILY KECORES		AMS AS	ABOL	15				
		0b. PLACE AND DATE OF D		- 1		ATION — City or	Town, State		
	4 Donation 8 Other (Specify)	sizmal or	EMETERY 152 HARKVILLE MO.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		5 VANS C	SS OF FACILITY	FRIM	12130	eisc		
	De la la la la la la la la la la la la la		(1)	MALLO	9	Page			
	23. PART I. Enter the diseases, or complications that caus	ed the deeth. Do not	1 2800 H	AKTOK	o vous	- I HIV	VILL		
1	shock, or heart failure. List only one cause on	aach line.	enter the mode of dy	ing, such as	cardiac or respir	atory srrest,	Approximate interval Batween		
	IMMEDIATE CAUSE (Final Onset and Death								
	disease or condition → A CUTE RESPIRATORY ARREST								
	disease or condition and action as a CONTEREST ACCOUNTED BY ARREST DUE TO (ON AS A CONSEQUENCE OF):  Sequentially list conditions, but the conditions of the								
N	Sequentially list conditions,	Y ASPIR	CATED	GAST	RIC CI	DATE	NAT		
Ě	n any, reading to initiodiate								
CERTIFICATION	CAUSE (Disease or injury	4 00005005005							
E	that initiated events resulting in death) LAST	A CONSEQUENCE OF):							
<b>H</b>	d								
	PART II. Other algorificant conditions contributing to death	but not resulting in t	he underlying cause	given in Part	. 24e. WAS AN A	WTOPSY 24	b. WERE AUTOPSY FINDINGS		
EDICAL	CHRONIC ACTIV				PERFORI	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
9				( 1. )	1 YES 2	□ NO	OF DEATH?		
Σ	ACYTE PULMONAR	E3 11010 1	100 A VU						
AN	EDEMA  25. WAS CASE REFERRED TO MEDICAL  26. PLACE DE DEATH (Check publicate)								
PHYSICIAN:	EXAMINER? HQSPITAL:	To	26. PLACE OF D	EATH (Check on	ly one)				
Ϋ́S	1 VES 2 NO to inpetient 2 ER/OL	ripatient 3 DOA 4	Nursing Nome 5 🗆 R	esidence 6 🗆 (	Other (Specify)				
F	27. MANNER OF DEATN  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	28d.	DESCRIBE HOW IN	JURY OCCURED			
B	2 Accident Investigation			NO					
	building etc. (Sc	RY — At home, farm, stree pecify)	al, lactory, office	281.	LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,		
	4 Nomicide determined								
7	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred et the time, deta and place, and due to the cause(a) and manner as steted.								
3   Suitclee   6   Could not be determined   Suitclee   4   Nomicide   Suitclee   4   Nomicide   Suitclee   4   Nomicide   Suitclee   5   Sui						(a) and menner ea stated.			
BE	B 12/11 =   b 5/1   b 5/1						D (Month, Day, Year)		
2	13140 09-10-92								
	36 NAME OF DERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
į.	The last the SD I. I				por las	00011	WOSO TO		
	REYNALDO DR 141	ELA-GOA	4E2, M.)	٥.	5T. JO:	SEPH.	40SPITAL		
	31. DATE FILED (Month, Day, Year) APR 1 3 1992 Junia Davidson Par	ELA-GDA		٥.	5T. Jo:	SEPH.	HOSPITAL		



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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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Hygiene prior to burial,

or other traumatic event,

completely filled in by the funeral director,

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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 92 3. TIME OF DEATH 04 MARGARET ENSTE 11 5:30A 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 F DAYS HOURS 217-22-5034 YRS. 1-04-1897 ALISTRAL TA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH G.B.M.C. DIRECTOR 6701 N. CHARLES ST. 21204 TOWSON BALTIMORE RESIDENCE OF DECEDENT 18b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE TOWSON 1 YES 2 NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7509 KNOLLWOOD ROAD 21204 U.S.A. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, atc.)
1 YES YOUNG Specify: 14. RACE — American Indian, Black, White sta Specify: WHITE 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY idary (0-12) College (1-4 or 5+) 34KS. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ARTOC GEORGINA BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Sign et end Number or Rural Route Number, City or Town, State, Zip Code) 2 20s. METHOD OF DISPOSITION

| Main | 2 | Cremation | 3 | Removal from State
4 | Donation | 6 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c LOCATION - City or Town, State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2508 23. PART I. Enter the diseases, or complications that caused the seath. Do not enter the mode of dying, such as cardiac or shock, or heart fellure. Liet only one cause on each line. Approximata IMMEDIATE CAUSE (Finel Onset and Death ACUTE RESPIRATORY FAILURE disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA PHYSICIAN: MEDICAL CERTIFICATION TO THE HOSPITAL OR ATTENDING PHYSICIANS THE IGENTIFY THE STRENGING physician and ITO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and Ito bur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO ng Nome 5 - Residence 6 - Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, 1erm, street, 1ectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 36908 19Z 0

32. REGISTRAR'S SIGNATURE



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AND THE RESERVE AND THE RESERV

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS,

2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Bessie C. Eriksen Apr.11 1992 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS DAYS HOURS SAMPL 1 M 2 X F 213-74-0508 03/09/97 Maryland permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATI DIRECTOR Asbury Methodist Village Gaithersburg Montgomery 10c. CITY, TOWN OR LOCATION 10a. STATE Montgomery Gaithersburg MA 1 YES 2 NO 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 201 Russell Avenue 20877 USA use as the burial-transit 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puarto Rican, atc.)

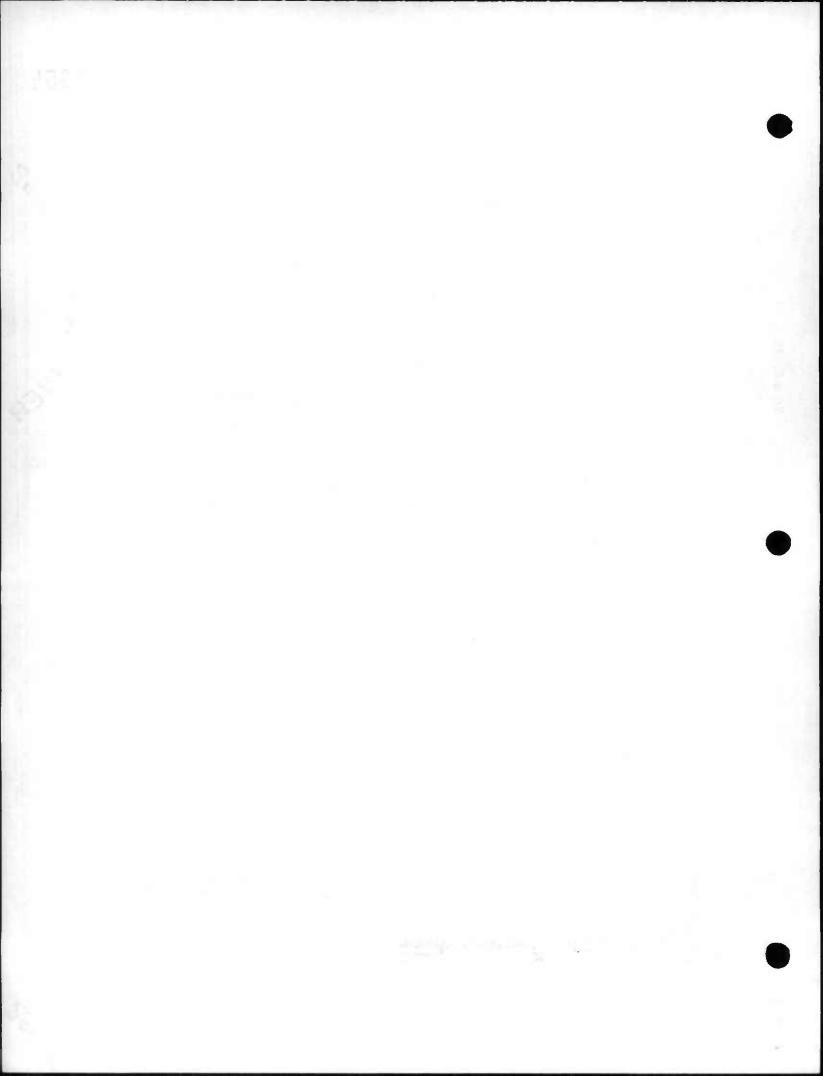
1 YES 2 NO Specify: 2 XNO 1 Never Married 2 Married BY White 3 🕅 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION during most of working (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5 +) Housewife Self once. 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumame) 76 Henry Bangs Margaret Crispen notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Jerry Baxter 812 Francis Avenue Arbutus Md 20a. METHOD OF DISPOSITION pe 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State 1 X Burial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) must Olivet Cemetery 4/13/92 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home 21, SIGNATURE OF FUNERAL SERVICE LICEN examiner the funeral 1328 Sulphur Spring Road, Arbutus, Md medical 23. PABY 1. Enter the diseases, or complications that caused the deeth. Do not enter the mods of dying, such as cardiac or respiratory arrest, Approximate filled in by Interval Between shock, or heart failure. List only one cause on each lins. 70 **Onset and Death** IMMEDIATE CAUSE (Final the cremation, disease or condition completely reaulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): to burial, other traumatic CERTIFICATION and ( Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): ending physician a Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events disea resulting in death) LAST 10 the atten In lury, 24h, WERE AUTOPSY FINDINGS PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL been signed by the MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? shows any 1 YES 2 NO 1 YES 2 NO Dept. OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem the State HOSPITAL OTHER 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Ho ne 5 🗆 Residence 6 🗀 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, After this c 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT: If Item 28 Is 00 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTRE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 30 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED TTEM 27) (Type, Print) 32 HEORYHAR'S SIGHALINE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





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1. DECEDENT'S NAME (First, Middle, La	st)				OF DEATH		REG. NO	_		3. TIME OF DEATH
LUCINDIA	F	EVE	REWE	T T				DAY	95	70 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 Y	YEAR IF UNDER 24	HRS.	7. DATE OF BIRTH	Q	10	IPLACE (State or Foreign
579-68-6155	1 🗆 M 2 🔀 F	40	YRS.	MONTHS	MYS HOURS	MIN.	(Month, Day, Year) 7-2-1951		Countr	(y)
9a. FACILITY NAME (If not institution, given	e street and number)	<del></del>		9b. CITY, TO	OWN OR LOCATION	OF DE		9c. COL	INTY OF D	OIT, MI.
SETON HILL MANO	R			BALTIMORE			1		and the same of th	
RESIDENCE OF DECEDENT						(				
10e. STATE 10b. COU	NTY		10c, CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER				В	ALTIMORE	Š.				1 X YES 2 NO
2008 DIVISION S	minatem				10f. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
11. MARITAL STATUS					21217	_			USA.	
1 Namital Status	12. WAS DECEDENT FORCES? 1	YES 2 XN	MED	13. WAS	S DECENDENT OF I	HISPANI Maxican	IC ORIGIN? (Specify You, Puarto Rican, etc.)	en or No-	14. RACE Bleck	- American Indian, c, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2 XNO				Speci	'y:
15. DECEDENT'S E	DUCATION	150 050	CEDENT'S	USUAL OCCU	IDATION:				BLA	CK
(Specify only highest gra	rde completed)	(G/	ive kind of v Do NOT us	work done duri	ng most of working		16b. KIND OF BU	JSINESS/INI	DUSTRY	
Land In Country (0-12)	College (1-4 or 5 +	,		ANT W			3233 E3 W	T.C		
17. FATHER'S NAME (First, Middle, Last)		551	1. 1.	174 T. T. T. T. T. T. T. T. T. T. T. T. T.		'S MAL	FREI  ME (First, Middle, Maider			
MONROE FAREWI	ELI.									
19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	AOORESS (S	treet and Number ~	Rural D	E LANGLEY oute Number, City or Tox	arp Chain Ti	n Code	
MICHELLE FAREWI	ELL									0.1.7
20a. METHOD OF DISPOSITION				OF DISPOSITION	ION STRE	ETT		E MO		217
1 Burtal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cemetery, cres	matory or of	ther plece)			1			1.00
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	A 111.	ZIUN	CEME	TERY		BA	LT1MO	RE.	MARYLAND
23. PART i. Enter the diseases, o ehock, or heart failur	r complications that	caused the de	ath. Do n	J08	W. DALILI	BRO	WN JR. FU ST. BALTO	NERAL	HOM	E, P.A. P.O. BOX 4433
23. PART i. Enter the diseases, o ehock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. I'v	caused the dese on each line.	119	JOS 1913 not enter the	SEPH H.	BROV ORE	WN JR. FU ST. BALTO	NERAL	HOM	E, P.A. P.O. BOX 4433
iMMEDIATE CAUSE (Final disease or condition	e. Into only one cause  e. Into only one cause  o. Due to (  o. Due to (  c. Homo	acchille.	DUENCE OF	JOS 1913 not enter the	SEPH H. W. BALTIM e mode of dying	BRO ORE , auch	WN JR. FU ST. BALTO	NERAL MD. 21 plratory are	HOM: 223: 1	E, P.A. P.O. BOX 4433 Approximata interval Between Onset and Daatt Smooth
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	e. Into only one cause  e. Into only one cause  b. Into one  DUE TO (  c. Howo  DUE TO (	OR AS A CONSEO	DUENCE OF	JOS 1913 not enter the	SEPH H. W. BALTIM mode of dying	BRODRE , auch	WN JR. FU. ST. BALTO, as cardiac or resp	NERAL MD. 21 Diratory are	HOM 223: I	E, P.A. P.O. BOX 4433 Approximate interval Between Onset and Daet  3 Mon
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. Into only one cause  e. Into only one cause  b. Into one  DUE TO (  c. Howo  DUE TO (	OR AS A CONSEO	DUENCE OF	JOS 1913 not enter the	SEPH H. W. BALTIM mode of dying	BRODRE , auch	WN JR. FU. ST. BALTO, as cardiac or resp	NERAL MD. 21  Interpretation and autopsy RMEO?	HOM: 223: 1 rest,	P. A.  Approximate interval Between Onset and Daet  Smooth
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	e. The puerto (	OR AS A CONSEO	DUENCE OF	JOS 1913 not enter the	SEPH H. W. BALTIM mode of dying	BROTORE , such	WN JR. FU. ST. BALTO.  as cardiac or reap  SONS  Part I. 24a. WAS AN PERFO  1 YES	NERAL MD. 21  Interpretation and autopsy RMEO?	HOM: 223: 1 rest,	E, P.A.  Approximata interval Between Onset and Daart  S COC  Verse Autopsy Findings Analdale Price To Completion of Cause of Death?
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	e. Into only one cause  e. Into only one cause  b. Into one  DUE TO (  c. Howo  DUE TO (	OR AS A CONSEO	DUENCE OF	JOS 1913 not enter the	SEPH H.  W. BALTIM  e mode of dying  CONTROL  respectivelying cause give	BROTORE , such	Part I. 24a. WAS AN PERFO	NERAL MD. 21  Interpretation and autopsy RMEO?	HOM: 223: 1 rest,	E, P.A.  Approximata interval Between Onset and Daart  S COC  Verse Autopsy Findings Analdale Price To Completion of Cause of Death?
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions are auditing in death.	e. The policy one cause  e. The policy one cause  e. The policy one cause  b. Due to (  c. How put to (  d. one contributing to cone cone cone contributing to cone cone cone cone cone cone cone con	OR AS A CONSEO  OR AS A CONSEO  OR AS A CONSEO  death but not re  ER/Outpatient 3	DUENCE OF	JOS 1913 not enter the	SEPH H.  W. BALTIM e mode of dying  CSS  AND  All the service of t	BROTORE , such  H (Chec	Part I. 24a. WAS AN PERFO	NERAL MD. 21  Interpretation and the second and the	HOM. 223; I rest,	E, P.A.  Approximata interval Between Onset and Daart  S COC  Verse Autopsy Findings Analdale Price To Completion of Cause of Death?
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iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other aignificant conditions are auditing in death and conditions are auditing in death and conditions are auditing in death and conditions are auditing in death and conditions are also and conditions are als	e. Twh DUE TO ( b. DUE TO ( c. HOW)  d.  DUE TO ( d.  DUE	OR AS A CONSEQ  OR AS A CONSEQ  OR AS A CONSEQ  OR AS A CONSEQ  Description of the consequence of the conseq	DOA 28b. Time, form, at	JOS 1913 not enter the winder the under the winder the	SEPH H.  W. BALTIM  e mode of dying  CSS  Tying cause give  es. PLACE OF OEAT  Home 5   Reside  : INJURY AT  WORK?  TYES 2   No	BROTORE , auch H (Checonce 8	Part I. 24a. WAS AN PERFO	NERAL MD. 21 Neratory and Autopsy Rimeo? 22 No	HOM: 223; I rest,  24b.	E, P.A.  Approximate interval Between Onset and Daet  S MON  VERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions are suiting in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation Suicide 8 Could not be determined conditions.	e. Twh  DUE TO (  b. DUE TO (  c. HOSPITAL:  1   Inpetient 2    28e. DATE OF (  Month, De)  28e. PLACE OF building, a	OR AS A CONSEQ OR AS A CONSEQ OR AS A CONSEQ OR AS A CONSEQ DESCRIPTION OF THE CONSEQ OR AS A CO	DOA 28b. Time farm, at	JOS 1913 not enter the line of the under the under the line of the	BEPH H.  W. BALTIM  e mode of dying  CS  Tying cause give  es. PLACE OF OEAT  Home 5   Reside  2. INJURY AT  WORK?  TYES 2   No	BROTORE  , such  H (Checked)	Part I. 24a. WAS AN PERFO	NERAL MD. 21 MD. 21 MINIORY and MAUTOPSY RIMEO? AND MINJURY OCC and Number	HOM: 223: If rest,  24b.	E, P.A.  P.O. BOX 4433  Approximata interval Between Onset and Daatt  S COO  VERY AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions are suiting in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation Suicide 8 Could not be determined conditions.	e. List only one cause e. Twitter DUE TO ( b. DUE TO ( c. How one contributing to cone contri	OR AS A CONSEQ OR AS A CONSEQ OR AS A CONSEQ OR AS A CONSEQ DESCRIPTION OF THE CONSEQ OR AS A CO	DOA 28b. Time farm, at	JOS 1913 not enter the line of the under the under the line of the	BEPH H.  W. BALTIM  e mode of dying  CS  Tying cause give  es. PLACE OF OEAT  Home 5   Reside  2. INJURY AT  WORK?  TYES 2   No	BROTORE , such H (Checkers & 6 o o o o o o o o o o o o o o o o o o	Part I. 24a. WAS AN PERFO  1 Other (Specify)  28f. LOCATION (Street City or Town, State, or the cause(a) and marme, data and placa, and me, data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data and placa, and data a	NERAL MD. 21  Indirectory are  AUTOPSY RMEO?  22 PNO  INJURY Occ  and Number  nner as state and due to the	HOM: 223; If reet,  24b.  24b.  cure or Rural Re ed. ed.	E, P.A.  P.O. BOX 4433  Approximata interval Between Onset and Daatt  S COO  VERY AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

32. REGISTRAB'S SIGNATURE



	FOR 1 - STATE	STATE OF MARYLA	ND / DEPAI	RTMENT OF I	HEALTH AND	MENTAL HYGIEN	92 E	10056
	REGISTRAR  1. DECEDENT'S NAME (First, Migdle, Last)	Fie		le Fiel	ds, Sr.	REG. NO  2. DATE OF DEATH MONTH D	W on J	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 238-22-6898	5. SEX 8. AGE (II	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
OR	Setan Hill Mano	street and gumber)		96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		TY, TOWN DR LOCA				10d. INSIDE CITY LIMITS?
FUNERAL D	10a. STREET AND NUMBER	2	10		M. ZIP CODE			1 ☑ YES 2 ☐ NO  DF WHAT COUNTRY?
B	4822 Lami  11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp	21215 CENDENT OF HISPA Decity Cuban, Mexic S 2 1 ND Speci	NIC ORIGIN? (Specify Ver an, Puerto Rican, etc.)	USA or No- 14.	RACE — American Indian, Black, White, alc. Specify: Black
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give kind of life. Do NOT u	S USUAL OCCUPATE work done during me se retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUST	RY
examiner must be notified at once.  TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)  Eustace Fiel	ds	Dax	orer	16. MOTHER'S N.	AME (First, Middle, Maiden Hill	Sumame)	
TO E	19a. INFORMANT'S NAME (Type/Print)  Katie Edmonds		1219	Silve	end Number or Rural rthorn	Route Number, City or Tow Road Ba	n, Stete, Zip Cod ltimo	re,Maryland
ner must	20a. METHOD OF OISPOSITION  1   X Burlel 2   Cremation 3   Rem  4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIK	oval from State ceme	tery, crematory or o	orial		1/6/92 <sub>Ran</sub>		town, Md
	23 PART I Enter the disease or	Harris	at at at	Chat	man-Haı	ris F/H	Balti	McCulloh St more, Md 21
event, the medical	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Porbild  OUE TO (DR AS A	e Se	pais	ode Dt dying, aud	ch as cerdisc or respi	ratory arrest,	Approximate interval Between Onset and Death
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A O	c con	trac	tures	asehen.	ic l	Meers
MEDICAL	PART II. Other significent condition	e contributing to deeth bu	t not reaulting	In the underlying	g ceuee given in	Pert I. 246. WAS AN PERFOR	1.0	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tlent 3 🗆 DOA	OTHER:	LACE DF OEATH (Cr	6 Other (Specify)		
BY PH	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	26b. TIM	E OF 25c, INJ	PURY AT DRK? YES 2 ND	28d. DESCRIBE HOW II	JURY OCCURE	ED
	3 Suicide 6 Could not be determined	28a. PLACE DF INJURY - building, atc. (Specif	At home, farm,	etraat, factory, offic	9	26f. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
COMI	2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	dge, death occurr and/or investigation	ed at the time, data on, in my opinion, d	and place, and dua leath occured at the	to the cause(a) and man time, data and place, and	ner as stated.	use(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI	Tripen	H (ITEM 27) /3	Print) #3	19c. LICENSE NUI	MBER 661	29d. DATE SIG	HEO/Month, Day, Year)
	SIREKSH 7	RIPURA,	NEN	1 100	ndee	coms	H03	Rutal
	APR 13 1992	Julia Davidson	-Rondelle					

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_	REGISTRAR		C	ERTIF	ICATE (	F DEA	HTA		REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES	- 600	D Rum	56	2			MONTH		DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			_				4	- 0	1 9	2	7 P M
	240 - 15 - 5100	5. SEX 6	AGE (In yrs. les		MONTHS DA		ER 24 HRS.		Pay, Year)	14	B. BIRTHP Country	
	9a. FACILITY NAME (If not institution, give st	ireet and number)			9b. CITY, TOY	VN OR LOCA	TION OF D		- 3/	9c. COUN	TY OF DE	
DIRECTOR	LIBERTY MEDIC	CAL CENT	ER		BA	LTIMO	ORE	CITY				
M	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATION						10d, INSIDE CITY
L DIF	MARYLAND  100. STREET AND NUMBER				BALT			TY				LIMITS?
FUNERAL	3404 LYNCHESTE	ER ROAD				101. ZIP CO	OE	5		10g. CITIZ	US.	NAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT E			13. WAS		the late of the la	_	(Specify Ye	s or No-	14. BACE	- American Indian
B	1 Never Married 2 Married 3 M Widowed 4 Divorced	FORCES? 1		10	If yes	PES 2 XN	ban, Mexica	en, Puerto R	ican, etc.)		Black, Specify	White, atc.
요	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL OCCUP	ATION		166	KIND OF BU	SINESS/INDI	ISTRY	BLACK
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	ive kind of w Do NOT us	vork done during	most of worl	king	100,	KIND OF BU	SINESS/INDI	SINT	
집	(5-12)	College (1-4 0f 5+)										
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					40.000					_	
									iddle, Melden			
BE	DR ROBERT GOO	DDRUM				M	ARY	E. G	OODR	IIM		
2	SUSIE SUDDERTH	1	191	E 2 2	ADDRESS (Stre	et and Numb	er or Rural	Route Numbe	or, City or Tow	n, State, Zip	Code)	01017
		1			N. FU		AVE	BA				21217
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remo	wal from State	20b. PLACE A cemetery, cre-	MATE O	of DISPOSITION	(Name of		OATE	20c. LO	CATION — C	ity or Tow	n, Stata
	4 Donation (XOther (Specify) C	rypt	MOOD		I CEME	TERY			BAI	TIMO	RE.	MARYLAND
!	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	s 1			AND ADDR					-	
	WARL	JULI	CHI		115	OY U	נע יי	XE.TT.	& S(	ON FU	NER	AL HOME
	23. PART 1. Enter the diseases, or co	omplications that o	auged the de	eth. Do n	of enter the	mode of d	BER'	h se cerdi	ET GHT	S AV	E	21207
- 1	SHOCK, OF HEER TENUTE. L	lst only one cause	on each line		or orner tile		ymy, auc	ii sa ceidi	ac or reap	iratory arre	at,	Approximsta Interval Between
	iMMEDIATE CAUSE (Fine disease or condition											Onaet and Death
	resulting in death)	. Cax	dio on	umor	1924	Arri	st.					
_		OUE 10 (0)	AS A CONSECUTION ON CHI	OUENCE OF	): J	A						
CERTIFICATION	Sequentially list conditions,	DUE TO (OF	AS A CONSEC	UENCE OF	ery 91	Ser	•					
Ă	if sny, leading to immediate ceuse. Enter UNDERLYING		111 1230024		,							i
ᇤᆙ	CAUSE (Disease or Injury that initiated events	DUE TO (OF	AS A CONSEC	UENCE OF	):							İ
	resulting in deeth) LAST	19624 6000										İ
ᄬ		•										+
الج	PART II. Other eignificent conditione	contributing to de	eth but not re	eaulting l	n the underly	ing ceuse	given in	Pert I.	24s. WAS AN		24b. W	VERE AUTOPSY FINDINGS
DICA									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
W II								_	1 1 123 2			OF OEATH?
-								_			1 7	☐ YES 2 ☐ NO
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF	DEATH (Ch	eck only one)				
S	EXAMINER?	HOSPITAL:	(Outpotient 2	- OOA	OTHER:							
Ì	27. MANNER OF DEATH	28e. OATE OF INJ		28b. TIME	4 Nursing N	NJURY AT	lesidence					
-	1 Natural 5 Pending	(Month, Day, 1	Mear)	INJU	JRY	WORK?	7.00	280. DESC	HIBE NOW I	NJURY OCCL	JRED	
- 58	2/ Accident Investigation	28a BI ACE OF IA	I II I III II I I I I I I I I I I I I			YES 2	_ NO					
COMPLETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF IN building, atc.	(Specify)	ne, term, st	reet, Inctory, o	Tice		City or	TON (Street a Town, State)	and Number o	r Rural Rou	ite Number,
" "	29a. CERTIFIER											
	(Check only one)  298. CERTIFYING PHYSIC (Check only one)  2 MEDICAL EXAMINER	On the beels of exam	knowledge, dea Instien and/or in	th occurred	of at the time, d	ete and place , death occu	e, and dua	to the cause	e(s) and man	ner ee stated	J.	and managed as advantage
	29b. SIGNATURE AND TITLE OF CERTIFIER				,	7			preud, aft	- our to the	-enee(8) 8	mermer se stated.
M M	A	le has a	۸.			29c. LIC	ENSE NUM			29d. DATE	SIGNED (M	fonth, Day, Year)
5 II.	Jenenu K					12	411	032		> 4	19.	
	30. NAME AND ADDRESS OF PERSON WHO JEWER Q Khash	gir	Liber	27) (Type, 1	medica	Cer	iter					
	APR 1 3 1992	32. REGISTRAR'S	SIGNATURE								-	
A.	<b>APK 1.9 1997</b>	THIS HAVIDA	n-honde									- 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4500, 0

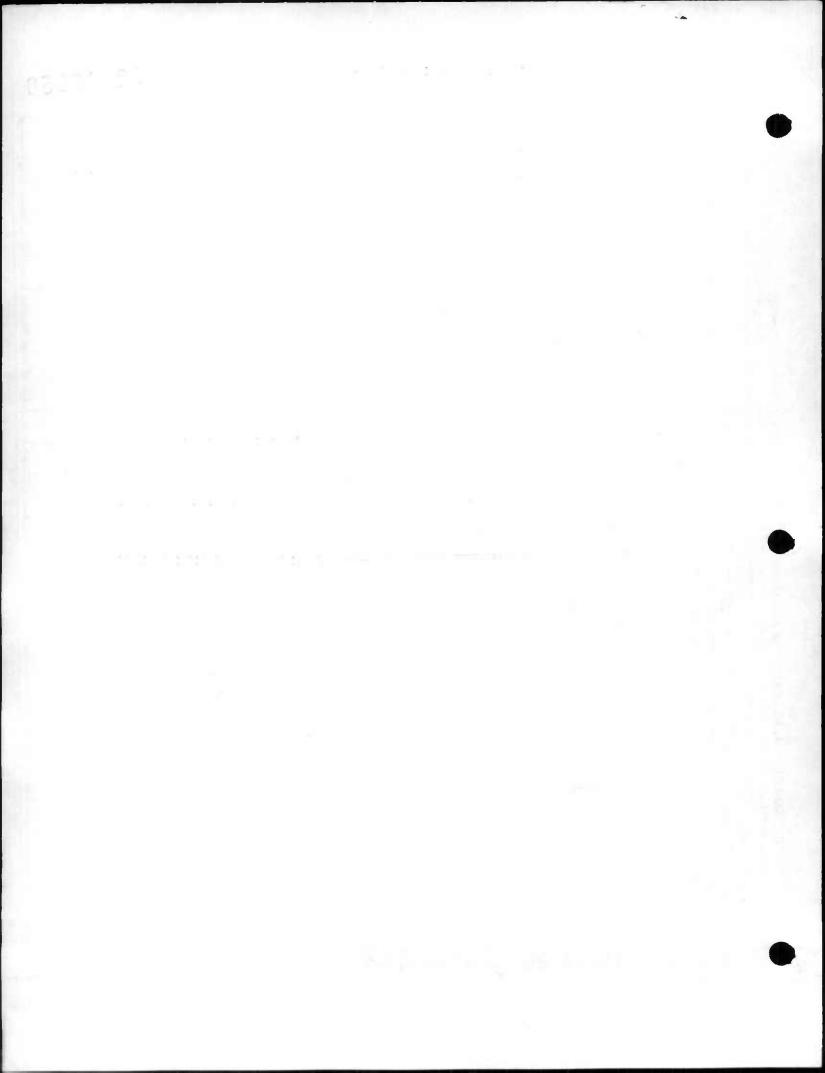
A long or an and

BALTIMORE, MARYLAND 212

m permit. Pages 1, 2, 3 should the hospital or detached for 90 24 hours after death. Page 6 may be retained by funeral director, the in by filled and completely fille burial, cremation, within traumatic event, attending physician a ental Hygiene prior to 0 OR ATTENDING PHYSICIAN: The law requires that the death certificate be other 5 the atter Mental and a any Health a Shows s certificate has been si th the State Dept. of Ho d, or Item 23 show DIRECTOR: After this ce hours after death with the litem 28 is marked, marked, Mours item 2 TO THE HOSPITAL O
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If ite

92-1452-510 Items: 23 part I per MEO G-690 8/13/92 reb 92 10058 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 4/15/92 REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1992 03 **GRAVES** 14 4:56 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR September 6,195 Country WASHINGTON IF UNDER 24 HRS. 578-80-6274 1 M 2 XF 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION
Baltimore 10d. INSIDE CITY Maryland 1 XYES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21217 1106 West Lafavette Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: BLACK 1 Never Married 2 XX Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY 12th grade College (1-4 or 5+) DOMESTIC HOUSEWIFE 17. FATHER'S MAKE FIRE MICHASTER 18. MOTHER'S NAME (First, Middle, Maiden Surname)
ERMA DIGGS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. BERNICE THOMASEL (SISTER) 1919 ALABAMA AVE. S.E. WASH. D.C. 20a. METHOD OF DISPOSITION
DESCRIPTION 2 Cremetton 3 Removal from Stale
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata LINCOLN MEMORIAL CEMETERY 3/20/92 SUITLAND, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. ROLLINS STUNERAL HOME, INC. 4339 HUNT PLACE, N.E. WASH. D.C. 20019 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximete shock, or heart fellure. Liet only one ceuse on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition interiories cocaine and narcotic intexication reculting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 □ Nursing Home 5 □ Rasidence 8 □ Other (Specify) 1 (YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3X DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED T Natural 5 Pending Investigation Unknown Ukn. 1 YES 2 NO BY subject ingested drug 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, tactory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 X Could not be 4 Homicide Unknown 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilme, data and place, and due to the cause(e) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exam and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 294 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 03-15-1992 O.C.M.E 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 N. PENN ST. BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day., Year) -32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	36–2889	5. SEX 6. /	AGE (In yrs. lest	YRS. IF UN		UNDER 24 HRS	(Month,	Day, Year)	928	Count	HPLACE (State or try)	Foreign
	N.W. CRANE				WIE	OCATION OF			9c. COU	NTY OF C		S
Maryla	nd 106. COUNT	r Prince Geo	rges	10c. CITY, TOW	N OR LOCATION		wie				10d. INSIDE CILLIMITS?	
10e. STREET A		N.W. Crano	e High	way	10f, ZII	207	15		100		WHAT COUNTRY	
		12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR (	VER IN U.S. ARM	MED 1	I3. WAS DECENC If yes, specifi 1 YES 2	y Cuben, Mex	Ican, Puerto R	(Specify Yer ican, etc.)	or No—	14. RAC Blec Spec	E — American Incik, White, etc.	
	15. DECEDENT'S EDI (Specify only highest grad Secondary (0-12)		(Gh	CEDENT'S USUAL five kind of work do Do NOT use retired	ne during most of d.)	f working	16b.	Lumb		USTRY		5
		George Gross			-114		NAME (First, M Cosby	Mitch	em			
	IT'S NAME (Type/Print)			MAILING ADOR		Number or Aur High					20715	31
	vid Allen (	Gross	6.	2TT M·M	. CLane		4		-			
Da 20e. METHOD	vid Allen ( DF DISPOSITION Cremation 3 Rer 5 Other (Specify)		20b. PLACE A	ND DATE OF DISP	POSITION (Nama	of	DATE		CATION —	City or To	own, State	nia
Da  20e. METHOD  DO Burlel 2  4 Donation	OF DISPOSITION  Cremation 3 Ren	noval from State	20b. PLACE A	AND DATE OF DISP matory or other place VIS Fam	POSITION (Name of 1)  11y Cen  22. NAME AND A	or netery	3/2	7 Swo	rds C	chy or To Creel	own, Store k, Virg:	ice
Da  20e. METHOD  ©□ Burlel 2  4 □ Donation  21. SIGNATURE  23. PART I.	OF DISPOSITION Cremation 3 Ren 5 Other (Specify) OF FUNERAL SERVICE LI Enter the diseases, or shock, or heart fellure. CAUSE (Finel ondition	COMPACATIONS THAT	20b, PLACEAL cemetery, crem Day	ath. Do not end	11y Cen 22. NAME AND A 3981 Ca ler the mode	netery ADDRESS OF Parroll of dying, a	3/2 FACILITY	7 Swo	rds C	chy or To Creel Inera	own, State k, Virg	ice 211!
20e. METHOD 20e. METHOD 20 Burlel 2 4 Donation 21. SIGNATURE  23. PART I. i IMMEDIATE disease or c resulting in	OF DISPOSITION Cremation 3 Ren 5 Other (Specify) OF FUNERAL SERVICE LI  Enter the diseases, or shock, or heart fellure. CAUSE (Final ondition death)  list conditions, ig to immediate UNDERLYING use or injury events	complications that ca. List only one cause to DUE TO (OR b. DUE TO (OR c.	20b. PLACE Alcometery, crem Day  Bused the despense of the complex of the despense of the complex of the comple	ath. Do not ent	11y Cen 22. NAME AND A 3981 Ca ler the mode	netery ADDRESS OF Parroll of dying, a	3/2 FACILITY	7 Swo	rds C	chy or To Creel Inera	cown, State  k, Virg:  al Serv:  ryland Approxit  Interval	ice 2115
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20e. METHOD 20e. METHOD 20 Burlel 2 4 Donation 21. SIGNATURE  IMMEDIATE disease or cresulting in  Sequentially if any, leadir cause. Enter CAUSE (Dise that initiated resulting in  PART II. Oth PYO  25. WAS CASE EXAMINER 1 5 YES	OF DISPOSITION  Cremation 3   Ref 5   Other (Specify)   OF FUNERAL SERVICE LI  Enter the diseases, or shock, or heart fellure. CAUSE (Final ondition death)  list conditions, ag to immediate UNDERLYING ase or injury events death) LAST  er algnificant conditions that can be considered to the condition of the condition of the conditions	CENSEE  Compléations that ca. List only one ceuse to DUE TO (DR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	20b. PLACE ALCOMERT, cremetery, c	ath. Do not end ath. Do not en	underlying ca  26. PLACE  28. INJURY OF 1  28. INJURY OF 1  28. INJURY OF 1  28. INJURY OF 1  28. INJURY OF 1  28. INJURY OF 1  28. INJURY OF 1  28. INJURY OF 1	DO PEATH (	in Part I.  Check only one  6 Other  28d. DESC.	7 SWO [arzul ad Up ac or respi	AUTOPSY IMED?	city or To Creel Inera O , Ma: eat,	Approximation of Death?	ICE 2115 nata Between dd Daa



31. DATE FILED (Month, Day, Year)
APR 1 3 1992

32. REGISTRAR'S SIGNATURE

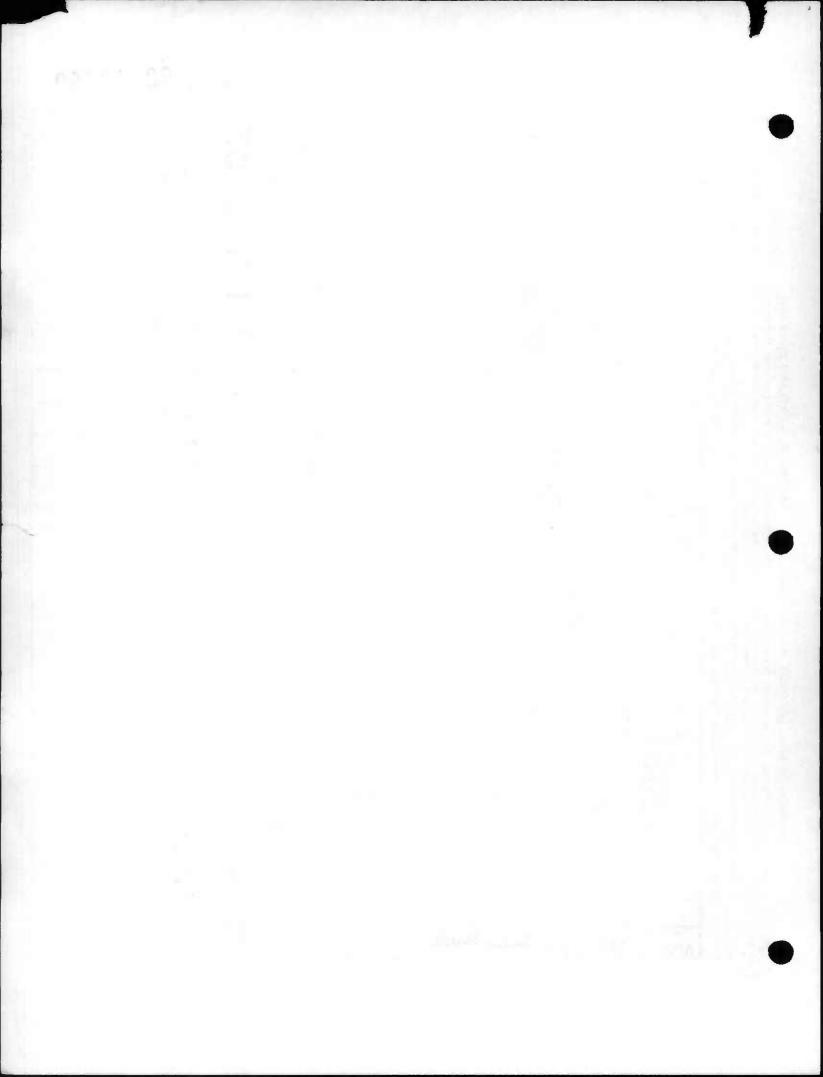
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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x riours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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포포	THE FI	Hed *	ORT
2	6	90	M

1. DECEDENT'S NAME (First, Middle, Lest)  EDITH	GIB	SON				2. DATE OF E	B DAY	a year	3. TIME OF DEATH
4. SOCIAL SECURITY MANSER 6	5. SEX 1 M 2 VF	AGE (In yrs. lest i	birthday)	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF E	HRTH	Cou	THPLACE (State or Foreign ntry)
9a. FACILITY NAME (If not institution, give	street and number)		11.0.	9b. CITY, TOWN	OR LOCATION OF D			COUNTY OF	YLAND
BON SECOURS HOS	PITAL				BALTI	MORE			
10a. STATE 10b. COUNT	Υ		10c. CITY	r, TOWN OR LOC	ALTIMORE			2	10d. INSIDE CITY LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER				1	Of. ZIP CODE		10g	. CITIZEN O	WHAT COUNTRY?
1021 N. CAREY S	TREET				21217				USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 NO		If yes,	CENDENT OF HISPA pecify/Cuban, Mexico S 2 NO Specif	en, Puerto Ricar		Ble	CE — American Indian, ack, White, etc.
15. DECEDENT'S EDI. (Specify only highest gradi Elementary/Secondary (0-12)		(Ghr		USUAL OCCUPATI vork done during r e retired.)		16b. KIN	D OF BUSINES	S/INDUSTRY	Black
		1	lomer	maker		201			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			ime)	
Robert Taylor			BAA 11 11 11 11 11 11 11 11 11 11 11 11 1	ADDRESS TO	Gertrude				
Ms. Carolyn Gibso	n			- Carrier Maria	and Number or Rural	Action and the			01.6
20a. METHOD OF DISPOSITION		20b. PLACE O	F DISPOS	SITION (Name of c	ale St		20c. LOCATIO		Town, State
1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	ioval from State	Ba 1999111	the 1	Nationa	1 Cemeter	^y	Balti	more,	Maryland
21. SIGNATURE OF FUNERAL SERVICE L	MARIK			22. NAME	AND ADDRESS OF FA	CILITY			ral Home h Avenue
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events	· Respon	OR AS A CONSECUTOR AS A CONSEC	UENCE OF	ncer	halo	Part	~y		
resulting in death) LAST	d						-		
PART II. Other significant condition	ns contributing to d	leath but not re	esulting I	in the underly	ng cause given in		PERFORMED  YES 2	7	AND WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	heck only one)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 (	□ DOA	OTHER:	me 5 🗆 Residence	6 Other (Sp	pecify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Day		28b. TIM	URY	VURY AT WORK? YES 2 NO	28d. DESCRI	BE HOW INJUR	Y OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF	INJURY — At hon tc. (Specify)	ne, ferm, s	street, fectory, of	lice		N (Street and Nown, State)	lumber or Run	al Route Number,
	SICIAN: To the best of r	ny knowledge, des							
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS		mination and/or in	mentigatio	no, are my openion			place, and our	e to the caus	e(s) and manner as state
anal .	ER: On the besis of ex	Author and/or in	ne	ů.	29c. LICENSE NU				EDI (Month, Day, Year)
(Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of exc	end	127) (Type	ů.					



all while Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	MENT OF H	EALTH AND ME	ENTAL HYGIEN		10061
	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH DO	AV 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  579-09-6822  9a. FACILITY NAME (If not institution, give a	15 M 2 □ F 89	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	neg	RTHPLACE (State or Foreign
DIRECTOR	HOLY ChOS	s Hospita	1	Silve	er Spri		9c. COUNTY OF	
	Maryland 106. COUNTY  Maryland 106. COUNTY  106. STREET AND NUMBER	Montgomery		own on Locat				10d, INSIDE CITY LIMITS? 1 YES Z NO
FUNERAL	1530 Hugo Circ				20906		Unite	ed States
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO OK	If yes, spi	ENDENT OF NISPANIC selfy Cuban, Mexican, F 2 公路 Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	Bi	ACE — American Indian, lack, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 164 Completed) College (1-4 or 5+)	e. DECEDENT'S USL (Give kind of work life. Do NOT use re ACCOUR	done during mo- tired.)	DN st of working	16b. KIND OF BUS	f-empl	
BE COM	17. FATHER'S NAME (First, Middle, Leat) David Goldburg	J			16. MOTHER'S NAME Rose I		Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Paul Goozh		196. MAILING ADI	oness (Street a	nd Number or Rurel Rout	te Number, City or Town Silver S	n, State, Zip Code) pring	, Md. 20906
	20e, METNOD OF DISPOSITION 1 (2) Burlet 2 (2) Cremation 3 (3) Rem 4 (2) Donation 5 (3) Other (Specify) (2) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from Stata cemetary	ACE AND DATE OF D y, crematory or other p	orial	Gdns.	4-1982	olney,	, Md.
	· aleana	5		Fa	Pearson 11s Chur	cch, Va.	22046	
	23. PART L'Enter the disesses, or c shock, or heert failure. IMMEDIATE CAUSE (Finel disesse or condition	List Dnly one cause on each	line.				ratory erreet,	Approximete Interval Between Onset and Death
	resulting in death)	DUE TO OR AS A COL	NSEQUENCE OF):		Tailus 5			Sun
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS A COI	NSEQUENCE OF):		a Pros			3-85?
SERTIF	that initieted events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF):					
AL	PART II. Other eignificent condition	e contributing to death but n	not resulting in the	ne underlying	couse given in Par	24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Check	only one)		1  YES 2  NO
HYSI	1   YES 2   NO	HOSPITAL: 1 Impetiant 2 ER/Outpetian 28e. DATE OF INJURY	26b. TIME OF	_	8 Residence 6	Other (Specify)	NJURY OCCURED	
BY	1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, Year)  28e. PLACE OF INJURY — A building, atc. (Specify)	INJURY	M 1 Y	RK? ES 2 NO	If. LOCATION (Street a		
COMPLETED		CIAN: To the best of my knowledge				the cause(a) and man		
	2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of axamination and	d/or investigation, in	my opinion, de	ath occured at the time			
TO BE	Shace H.	ZESIN'			D 10690		> 4/8	IED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	=01×1, 98311	GEORGIA		5.128	e spe	ing we	6.2090Z
	31. DATE FILEO (Month, Day, Year)	DE. HEGISTIAN S SIGNATUR	RE					

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				ICATE OF			REG. NO			
1. DECEDENT'S NAME (FI						2. DATE	OF DEATH	AY	YEAR 3	. TIME OF DEATH
James R.  4. SOCIAL SECURITY NU						_	<u>-10-92</u>			7:10 A
217-22-909	02	1 1 m 2 1 F	GE (In yrs. lest birthday) 62 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRTH 5/26/2	9	8. BIRTHPL Country's	ACE (State or Foreign
303 Maiden	Choic	e Lane		96. CITY, TOWN O	SVILLE	DEATI:		9c. COUNT B	alto	тн
RESIDENCE OF DE	10b. COUNT	v								
MD	Ва	ltimore	10c. G11	7. TOWN OR LOCAT	C	atons	ville		1	Od. INSIDE CITY LIMITS?  YES 2XXNO
303Maiden		Lane		101.	21228			10g. CITIZ	USA	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Di	_	12. WAS DECEOENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 NO	If yes, spe	ENDENT OF HISP polity Cuben, Mexi 24 NO Spec	cen, Puerto	17 (Specify Yes Rican, etc.)	or No-	Black, 1	- American Indian, White, atc. White
(Specify o	ECEDENT'S EDU	JCATION e completed)	(Give kind of w	USUAL OCCUPATIO	N al of working	16b	KIND OF BUS	SINESS/INDU	STRY	-
Elementary/Secondary 11 grad	le	College (1-4 or 5 +)	Mainte	,			Truc	king		
17. FATHER'S NAME (First, Clifton Gr					18. MOTHER'S N	Shel		Surname)		
19a. INFORMANT'S NAME			19b. MAILING	ADDRESS (Street er	nd Number or Rura	I Route Num	ber, City or Town	n, State, Zip C	Code)	
Mary V. Gr			303 Ma	iden Cho	oice La	ne Ca	tonsvi	lle,	MD 2	L228
20a. METHOD OF DISPOS 1 N Burlal 2 Cremat 4 Donation 6 Oth	er (Specify)	novat from State	20b. PLACEAND DATEO Cometer Cremetory or oth MD Veteran	r disposition (Nar her place) Cemeta	ary	OAT		CATION — CI		
21. SIGNATURE OF FUNER	BAL SERVICE LE	CENSES	) 0		D ADDRESS OF I		ome 13	28 Su	11)hiii	Spring F
- Just			-20		2 - 2				The read to	- physical r
snock, or		complications that can	sed the death. Do n	ot enter the mod	de of dyling, su		disc or reapl	21227	st,	Approximate
IMMEDIATE CAUSE (F disease or condition resulting in death)	inal	. Respirat		iciency	de of dying, su		disc or reapl	21227 ratory srres	st,	
disease or condition	itions, sediate YING jury	Respirat Due TO (OR A  AMYOTTO DUE TO (OR A	ory Insuff	iciency al Sclei			disc or reapl	21227 ratory srre	st,	Approximate Interval Batweer Onset and Death
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA	litions, sediate ying jury	Respirat Due TO (OR A  AMYOTTO DUE TO (OR A	Ory Insuff ory Insuff as a consequence of the Later as a consequence of	iciency cal Sclei	rosis	ich ss card	24a. WAS AN PERFOR	AUTOPSY MED?	24b. W AN CC	Interval Batweer Onset and Death Onset and Death Interval Batweer Onset and Death Interval Batweer Onset Interval Batweer Interval Batweer Onset Interval Batweer Onset Interval Batweer Interval B
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disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other significations.	litions, lediste ying jury street condition	Respirat DUE TO (OR A  AMYOTTO DUE TO (OR A  DUE TO (OR A  d.	Ory Insuff ory Insuff as a consequence of the Later as a consequence of	ral Sclency  the underlying	rosis	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. W AN CC	Interval Batweel Onset and Deat Interval Batweel Onset and Deat Interval Batweel Onset and Deat Interval Batweel Onset and Deat Interval Batweel Onset Interval Batweel Interva
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Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	ilitions, sediate YING jury SST	Respirat DUE TO (OR A  AMYOTTO DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  d.  HOSPITAL: 1   Inpatient 2   ER/O  280. DATE OF INJUE	Ory Insuff as a consequence of phic Later is a consequence of the but not resulting in the but n	iciency cal Scles the underlying the underlying  26. PLA OTHER: 4 — Nursing Home OF   28c. INJU	COSIS  cause given in	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. W AM CC OH	Interval Batwee Onset and Deat  1 yr. 7
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	litions, lediste ying jury street condition	Respirat Due TO (OR A  Amyotro Due TO (OR A  C. Due TO (OR A  d.  HOSPITAL: 1   Inpatient 2   ER/O	Ory Insuff as a consequence of phic Later is a consequence of the but not resulting in the but n	iciency cal Scles the underlying the underlying  26. PLA OTHER: 4   Nursing Home OF   28c. INJU	COSIS  cause given in	n Part I.	24a. WAS AN PERFOR XXYES 2	AUTOPSY MED?	24b. W AM CC OH	Interval Batwee Onset and Deat  1 yr. 7
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disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)  1 CERTIFIER 1 CERTIFIER CERTIFIE	itions, sediate YING jury ST Condition  TO MEDICAL  Pending Investigation  Could not be determined	BE CONTRIBUTED TO COR A  AMYOTO DUE TO COR A  DUE TO COR A  C.  DUE TO COR A  d.  HOSPITAL: 1   Inpatient 2   ER/C  28e. DATE OF INJUE (Month, Day, Yes  28e. PLACE OF INJUE	Ory Insuff Is a consequence of the Later S a consequence of the sequence of th	iciency cal Scles the underlying the	COSIS  Cause given in  ACE OF DEATH (C. 5 X Residence  RRY AT  KK?  ES 2XX NO	n Part I.  Check only on  6  Other  28d. OES	24a. WAS AN PERFOR XXYES 2 e) r (Specify) CRIBE HOW IF	AUTOPSY MED?  NO NURY OCCU	24b. W AM COO I	Interval Batweer Onset and Death Interval Batweer Onset and Death Interval Batweer Interval I
disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated eventa resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)  1 CERTIFIER 1 CERTIFIER CERTIFIE	ittons, lediate ying jury street condition to MEDICAL  Pending investigation  Could not be determined retirying Physical Examines. E of Certifies	B. Respirat Due to (on A  Amyotro Due to (on A  C. Due to (on A  d	Ory Insuff as a consequence of the Later is a consequence of the L	iciency cal Scles the underlying the underlying  26. PL/ OTHER: 4 Underlying Home OF 28c. INJU IRY MOR 1 U Y reet, factory, office d at the time, date a	COSIS  Cause given in  ACE OF DEATH (C. 5 X Residence  RRY AT  KK?  ES 2XX NO	n Part I.  Check only on  6 Other  28d. OES  28t. LOC: City on  is to the cause time, data	24a. WAS AN PERFOR XXYES 2 e) r (Specify) CRIBE HOW IF	AUTOPSY MED?  NO NUMBER or no Number or no stated if due to the	24b. W AN CO OH 1 1 PRED I	Interval Batweer Onset and Death Interval Batweer Onset and Death Interval Batweer Onset and Death Interval Batweer Interval Interval Batweer Interval Inter



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SELECTION SELECTION

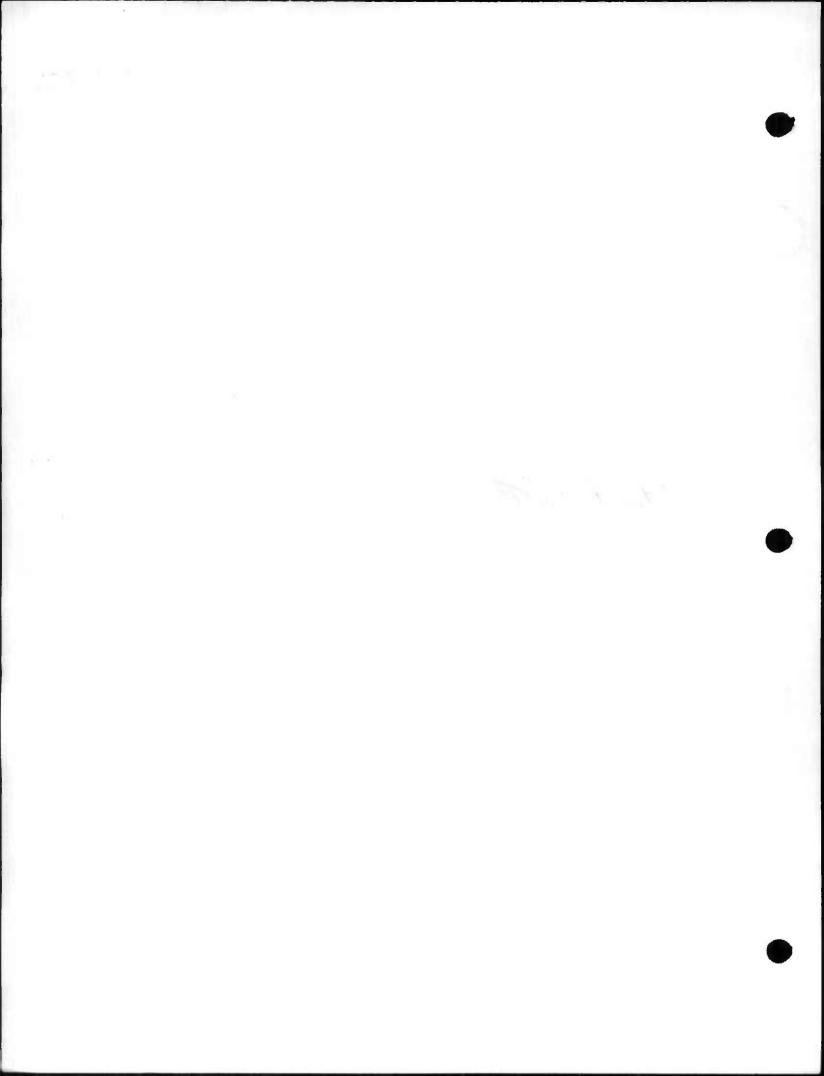
ė.	ansit permit. Pages 1, 2, 3 should	
 by the hospital or attending physici	be detached for use as the burial-t	at once.
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ificate be executed within 24 hours	s certificate has been signed by the attending physician and completely filled in by the funk the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	her traumatic event, the med
The law requires that the death cert	e has been signed by the attending te Dept. of Health and Mental Hygid	m 23 shows any injury, or of
D THE HOSPITAL DR ATTENDING PHYSICIAN: 1	THE FUNERAL DIRECTOR: After this certificat led within 72 hours after death with the Star	MPORTANT: If Item 28 is marked, or Ite
TO THE HOS	TO THE FUN be filed with	IMPORTAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 10063

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.	92	10063	
	1. DECEDENT'S NAME (First, Middle, Lest)	HENSON	ě			2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER 215-22-7378	5. SEX 6. AGE (In y)	83 YRS. MO	UNDER 1 YEAR INTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vear) 4 - 28 - 08	8. BIRTN Countr	IPLACE (State or Foreign	
STOR	9a. FACILITY NAME (If not institution, give st GOOD SAMARITAN H RESIDENCE OF DECEDENT		94	BALTIM	R LOCATION OF DE	ATN	9c. COUNTY OF D	EATN	
DIRECTOR	MD 100. STATE 100. COUNTY	9 10c. CITY, TOWN OR I BALTIMO						10d. INSIDE CITY LIMITS? 1 X YES 2 ND	
RAL	100. STREET AND NUMBER 5220 YORK ROA	AD ADM 40			21212		10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 MD	13. WAS DECI If yes, spe 1 YES	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea on, Puerto Rican, etc.)	r No.— 14. RACE	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	SUAL OCCUPATION rk done during most of working retired.)  16b. KIND OF BUSINESS/INDUSTRY					
BE COM	17. FATHER'S NAME (First, Middle, Lest) SAM NEWTON					ME (First, Middle, Meiden St BROWN	imame)		
2	19a. INFORMANT'S NAME (Type/Priot) HATTIE GREGOR	Y				T. 4J/BAL		, MD 21212	
	20g. METHOD OF DISPOSITION 1& Burial 2 Cremation 3 Remote 4 Donation 8 Other (Specify)	ovel from State 20b. PL	ACEAND DATE OF C	DISPOSITION (Nat		OATE 20c. LOCA	UTUS, I	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	_		MARCH				
CERTIFICATION	23. PART I. Enter the disesses, or on shock, or heart failure. If the disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A CO	ONSEDUENCE OF):	enter the mod	de of dying, suci	n se cardiac or respira	tory arrest,	Approximate Interval Batween Onset and Death	
MEDICAL	PART II. Other significant condition	contributing to deeth but s	not resulting in t	he underlying	cause given in	Part I. 24a. WAS AN AI PERFORM  1 YES 2	ED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ock only one)			
YSIC	1 TES 2 NO	HOSPITAL:		THER:  Nursing Home	5 Residence	6 Other (Specify)			
ву Рн	27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME D	M 1 Y	9K7 ES 2 ND	28d. DEŞCRIBE HOW INJ			
TED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE DF INJURY — building, etc. (Specify)	At home, farm, stree	et, tectory, office		28t. LOCATION (Street and City or Town, State)	I Number or Rural R	loute Number,	
COMPLET		CIAN: To the best of my knowledg						) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ouredelin 6	D M		29c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WING	anadhi	Coa	-	akitar	Hospit	Lef		
	APR 1 3 1992	32. REGISTRAR'S SIGNATU	Less.			V			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Aurs after death. Page 6 may be retained by the hos	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach by each with the State Dest of Health and Mental Huming enfort in burial cremation, or removal	once.
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OR AT	DIRECT	tem 2
PITAL	ERAL	1.16
E HOS	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fact activities after death with the State Dece of Health and Mental Housing print to hurtal cremation, or removal	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO T	日日	IMPC

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT MONTH	H DAY	YEAR	3. TIME OF DEATH	
,	Dorothy F. HORNE	(DOROT	HY FAMBRO	HORNE	)	04	-	92	4:22a.m.™	
	-	SEX 6. AGE (h	yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	V /		PLACE (State or Foreign	
	100 05 000	□ M 2 🔀 F		NTHS DAYS	HOURS MIN.	(Month, Day, Yel)	r)	Country		
	9a. FACILITY NAME (If not institution, give street	t and number)	9t	. CITY, TOWN	OR LOCATION OF DE			ITY OF DE	ATH	
DIRECTOR	Western MD Center-150	O Pennsylvania	Avenue	Hagerst	own		Wasi	hingto	on	
5	RESIDENCE OF DECEDENT				SIC	IKIRI TAKKI	210	-		
器	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA		NT RANII		- 1	10d. INSIDE CITY LIMITS?	
۵	Maryland Princ	ce George		-	. Maryl	and 207	782		1 XXYES 2 □ NO	
AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?	
FUNERAL		3313 CHILLU	M ROAD		20782		Uni	ted :	States	
3	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAN		y Yea or No-	14. RACE	American Indian,     White, atc.	
	1 Never Married 2 Married	FORCES? 1 YES			ecity Cuben, Mexican 2 2 NO Specify		-)	Specif		
B	3 🔀 Widowed 4 🗌 Divorced								Diack	
8	15. DECEDENT'S EDUCAT (Specify only highest grade con	TION modelecti	16a. DECEDENT'S USI	UAL OCCUPATI	ON set of working	16b, KIND O	F BUSINESS/IND	USTRY		
Щ		College (1-4 or 5 +)	Ille. Do NOT use re	etired.)						
립		5+	STATI	STICIA	N	NAC	CIONAL I	NURS	ING LEAGUE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Mi	siden Surname)			
	OLIVER S	S. FAMBRO				MARY U	<b>IKNOWN</b>			
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rural F	Route Number, City of	r Town, State, Zip	Code)		
유	OLIVER FAMBRO		3722	17th S'	r.N.E. WA	SHINGTON	V, D.C.	200	18	
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITI	ON (Name of ca	metery, crematory or	20	c. LOCATION —	City or To	wn, State	
	1 Burial 2 Cremation 3 Permova 4 Donation 5 Other (Specify)	ol from State	CYPRESS H	ILLS N	ATIONAL C	EMETERY	4-13-	92 B	ROOKLYN, N.Y.	
	21. SIGNATURE OF SUMERAL SERVICE LICEN				ND ADDRESS OF FAC					
	2.60	1			ARD FUNER				01000	
	Mount Pn	mell		-	WILKENS				21229	
	23. PART I. Enter the diseases, or con			entar tha m	oda of dying, suci	h as cardiac or	reapiratory arr	reat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final									
	disease or condition resulting in death) a	Acute Myc	cardial I	nfarct	ion				less than	
	resulting in death)		CONSEQUENCE OF):						1 hour.	
z		Congestiv	e heart f	ailure						
2	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):			-				
₹ I	cause. Enter UNDERLYING CAUSE (Disease or Injury	Arterioso	clerotic h	neart d	lisease.					
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
5	PART II. Other algnificant conditions of	contributing to death b	ut not essulting in	the underlyin	a seuse chian la	Don't L Day 14	AS AN AUTOPSY	1 040	. WERE AUTOPSY FINDINGS	
EDICAL	Respiratory fa					PE	RFORMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă	Gangrene of bo		1 IIIIaici	uemer	illa.	1 🗆 Y	ES 2XXNO		OF DEATH?	
E I	Garigierie Of Ro	our reet.							1 TYES 2 NO	
ä										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	LACE OF DEATH (Ch	eck only one)				
Š		⊠Inpatient 2 □ ER/Outp			me 5 🗆 Residence	6 Other (Specify	)			
PHYSICIAN: MI	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME C		JURY AT ORK?	26d, DEŞCRIBE I	IOW INJURY OC	CURED		
BY I	1 Natural 5 Pending 2 Accident Investigation		V2	M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec		et, factory, off	ca	26f. LOCATION (S City or Town,		r or Rural F	Route Number,	
里	4 Homicide determined					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my know	ledge, death occurred	at the time, dat	e end place, and due	to the cause(s) an	d manner as sta	ted.	-	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:								i) and menner as stated.	
	29h_SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI				(Month, Day, Year)	
BE		0. /FO II	Porciuno	M elur				4/7/9		
5	TO U. DICUM CU	- VIII -		_	ν· υ-1/2/	042	,	x/ // :	16	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	Dr Fe II Dorgiun	ocula M D	1500 Donn	CTTTTT	ו מדות רו	Ungorata	EM CEL	217	7/12_210/	
	Dr. Fe U. Porcium	acula, M.D./			ia Ave.,	Hagersto	wn, Md.	21.7	742-3194	



- 1	1. OECEDENT'S NAME (First, Middle, Lest)	MONTH DAY YEAR								3. TIME OF OEATH			
	MILTON				HOOKS				04	-	8 9	2	7:14
	4. SOCIAL SECURITY NUMBER 260-20-2540	5. SEX	6. AGE (h	in yrs. lest birth	RS. IF UND	ER 1 YEAR	HOURS	MIN.		of BIRTH th, Day, Year) 23	23	Countr	
	9a. FACILITY NAME (If not institution, give	ntreet and number)		09	9b. CI	TY, TOWN	OR LOCAT	ION OF DE		23		NTY OF D	orgia
	4005 FORDLEIGH RO	ORDLEIGH ROAD, APT.D BALTIMORE											
Surrey of	100. STATE 100. COUNT				10c. CITY, TOWN OR LOCATION Baltimore								10d. INSIDE CITY V LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 4005 Fordleigh Ro	4005 Fordleigh Road Apt D				101. ZIP CODE 21215				10g. CITIZEN OF WHAT COUN			
5	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced				RMED 13 WAS DECENDENT OF HISPAN			NIC ORIGIN? (Specify Yes or No.— 14. R. Bi			14. RACE Black Speci	- American Indian, k, White, atc. lly: Black	
	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)		(Give kir	NT'S USUAL	e durina me	ON ost of world	ng	160	. KIND OF B	USINESS/INC	DUSTRY	DIACK
2011	Elementary/Secondary (0-12)	College (1-4 or 5	+)	me. Do n	OT use retired	.)				SOCIA	L SEC	URIT	Υ
	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Melde	en Surneme)		
	MILTON HOOKS SR.							IST					
	190. INFORMANT'S NAME (Type/Print)										own, State, Zip		1000
	GLADYS HODGE		T Section					1 2A			K, NE		
	206. METHOD OF DISPOSITION  206. PLACE AND DATE OF DISPOSITION (Name of cemeter) committees of the property of the place o												
,	MARCH FUNERAL HOME 4300 WABASH AVENUE												
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications the List only one cer	t coused use on ae	tha daath.	Do not ent	er tha mo	ode of dy	ing, suc	h as can				Approximate Interval Betw
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	s	OR AS A	consequent	E of: Cohul			ing, suc	h as can				Approximate
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO b. DUE TO c. DUE TO	OR AS A	CONSEQUENT	CE OF):	ism	9€√			24a. WAS A PERFC	piratory srr	est,	Approximate Interval Betw
	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	s. DUE TO b. DUE TO c. DUE TO d	OR AS A	CONSEQUENT	CE OF): CO OF): CE OF): Ing in that	is m	9€√	given in	Part I.	24a. WAS A PERFO	N AUTOPSY ORMED?	est,	Approximate Interval Betw Onset and Donest a
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	B. DUE TO  C. DUE TO  d	(OR AS A (OR AS A death but	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT UT not result	F flue CE OF): CONV CE OF):  CE OF):  OTHING	is Mundariyin  26. Pi	g cause	given in	Part I.	24a. WAS A PERFC 1 A VES Pan	IN AUTOPSY DRMED?	24b.	Approximate Interval Betw Onset and Donest a
	SHOCK, OF near tailure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	B. DUE TO  C. DUE TO  d	(OR AS A  (OR AS A  death bu	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT UT not result	F flue CE OF): CONV CE OF): CE OF): OTHI	26. PI	g cause	given in	Part I.	24a. WAS A PERFC 1 A VES Pan	N AUTOPSY ORMED?	24b.	Approximate Interval Betw Onset and Donest a
	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 29 YES 2 NO  NOTE: NOTE	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A)	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT at not result  28b	CE OF):  CO NU (CE OF):  CE OF):  CE OF):  TIME OF INJURY M	26. PIER: uraing Hore 28c. INJ	g cause  LACE OF E  URY AT  PK?  YES 2 [	given in	Part I.  eck only or  8 Othe  28d. DE:	24a. WAS A PERFO	IN AUTOPSY PRIMED?  2 □ NO  TO INJURY OCC	24b.	Approximate Interval Betw Onset and D. Onset
- 19	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending investigation 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only one) 1  CERTIFYING PHYS:	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A (OR AS A death bu	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT At not result atlant 3 Del	CE OF):  CO NU CE OF):  CE OF):  CE OF):  TIME OF INJURY Merry, street, fa	26. Pl ER: uraing Horr 28c. IN. WC 1   the control of the control	g cause  LACE OF E  THE 5 PR  URY AT  PR  YES 2 [	given in	Part I.  Beck only or  City  To the care  To the care	24a. WAS A PERFC 1 A VES Pon 10 (Specify) SCRIBE HOW ATION (Street or Town, Steet	IN AUTOPSY PRIMED? 2 □ NO  TO INJURY OCCUR and Number (e)	24b.	Approximate Interval Betw Onset and Donest a
	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 1 CERTIFYING PHYS	B. DUE TO  DUE	(OR AS A (OR AS A (OR AS A (OR AS A  INJURY  INJURY  INJURY  INVERSE  INJURY  INVERSE  INJURY  INVERSE  INJURY	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT 28b attent 3 D 28b added, death on end/or invest	CE OF):  CO hU CE OF):  CE OF):  Ing In tha company Marm, street, faccurred at the gestion, in my	26. Pl ER: uraing Horr 28c. IN. WC 1   the control of the control	g cause  g cause  g cause  IURY AT  IVR	given in	Part I.  BCk only or  City  281. LOC City  to the car time, date	24a. WAS A PERFC 1 A VES Pon 10 (Specify) SCRIBE HOW ATION (Street or Town, Steet	IN AUTOPSY DRMED? 2 INJURY OCC. If and Number and due to the 29d. DATE	24b.  CURED  or Rural R  ed.  e cause(s)	WERE AUTOPSY FINON AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Noute Number,  oute Number,



aten: 31

and the same

Sec. 6 1 34

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY DAY 1.2 2.20 A 1.2 2.20 A 1.2 2.20 A 1.3. TIME OF DEATH											
								APRIL 12, 1992			2	12:20 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. leal		F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E (Month, De	NATH V. Year)		8. BIFITHPLACE (State or Foreign Country)	
	375-22-3969	1)∑XM 2 □ F	65	YRS.	FEB. 22			2,19	1927 MICHIGAN		**	
œ	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT					EATH		
DIRECTOR	8118 BELLONA AVENUE				TOWS	ON				В	ALTI	MORE
E E		b. COUNTY		10c. CITY,	TOWN OR LOCA	TION						10d. INSIDE CITY
	MARYLAND	MARYLAND BALTIMORE			TOWS	ON						LIMITS?
FUNERAL	10e. STREET AND NUMBER				10	H. ZIP CODE	E			10g. CITI	ZEN OF W	VHAT COUNTRY?
Ä	8118 BELLONA	AVENUE					1204	_			U.S.	Α.
5	11. MARITAL STATUS  1 Never Married 2XX Married	ried FORCES? 1	T EVER IN U.S. ARI	WED O	13. WAS DE If yes, s	CENDENT C	OF HISPAN in, Maxicar	IC ORIGIN? (S	pecify Yes i, etc.)	or No-	14. RACE Black	— American Indian, t, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 TYE	NXX NO	Specify				Specif	WHITE
COMPLETED	15. DECEDER	NT'S EDUCATION hest grade completed)	16a. DEG	EDENT'S U	SUAL OCCUPATI	ON		16b. KIN	D OF BUS	INESS/INC	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT use			rg					
₩.		2	FIN	ANCIA	AL ADVI	_				L CO	NSUL	TING
	17. FATHER'S NAME (First, Middle, ALTON A. ICE	, Last)						ME (First, Middle				
B	19a. INFORMANT'S NAME (Type/F	Print)	195	MAILING A	ADDRESS (Street		FRAN			HANN		
2	MAXINE L. ICE	(WIFE)			BELLONA							204
	20a. METHOD OF DISPOSITION 1 ☐ Burlet XX Cremetton 3	Ramoval from State	20b. PLACE A	ND DATE OF	DISPOSITION (N			DATE	20c. LO	CATION —	_	
İ	4 Donation 8 Other (Spe	city)	METRO	CREN	ATORY			15/92	CAT	ONSV	ILLE	, MARYLAND
ţ	21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE	,		LEROY	M. &	RUS	SELL C	. WT	TZKE	FIIN	ERAL HOMES
	K.C.	ai Wittes			1630	EDMON	DSON	AVENU	E.CA	TONS	VIII.	E,MD.21228
	23. PART I. Enter the disease shock, or heart	ses, or complications the fallure. List only one cau	t caused the dec	th. Do no	t enter tha me	de of dyl	ing, auch	as cardlec	or reapli	ratory arr	eat,	Approximeta Interval Between
	interval between											
	resulting in deeth)											
2	OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	د		- 100 100 100								
Ë	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQ	UENCE OF):	:							
		d										
MEDICAL	PART II. Other algnificant c	onditione contributing to	death but not re	sulting In	the underlyin	g ceuse g	given in F	Part I. 24s.	WAS AN		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă								10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
								_				1 - YE\$ 2 - NO
AN	25. WAS CASE REFERRED TO ME	DICAL			26 0	ACE OF D	EATH #05-	ck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	1004	OTHER:							
ξ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME		URY AT	sidence (	28d. DESCRIB		JURY OCC	URED	
BYF	2 Accident Inves	ling (Month, D	ey, rear)	INJUR		YES 2	NO					
	3 Suicide 8 Could	building.	F INJURY - Al hon	ie, ferm, str	eet, factory, offic			28f. LOCATION City or Tox	V (Street a	nd Number	or Rural A	oute Number,
E		mined										
COMPLETED	(Check only one)	NG PHYSICIAN: To the best of	my knowledge, dea	th occurred	at the time, date	and place,	and due t	to the cause(a)	and meni	nor an state	id.	
8	2 MEDICAL	EXAMINER: On the basis of a	xamination and/or in	veatigation,	In my opinion, o	leath occur	ed et the i	ime, data and	placa, and	dua to th	cause(a)	and manner as stated.
B	296. SIGNATURE AND TITLE OF C	CERTIFIER	CAR	4 /	and	29c. LICE	NSE NUMI	BER 7 2 C3		29d. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND AGORESS OF PER	RSON WHO COMPLETED CALL	SE OF DEATH (ITEM	27) (700 0	tint) O + D -	U	11	150		- 7	1131	72
	6701 N.	MAS. ST	- 131		GARY	48	OHEN	MLDOY	/			
ľ	31. DATE FILED (Month, Day, Year)	/	R'S SIGNATURE			-		-				
	APR 1 3 1992	July Davidson	- Bondelle									
		0								_		



application of the Parket

## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First, Middle, Last)  CAROLYN  J						04 0 92 3. TIME OF DEATH 5:35 P		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give at		7-0	, CITY, TOWN C	R LOCATION OF DE	1054	9c. COUNTY	OF DEATH	
TOR	NORTH ARUNDEL HO	SPITAL ASSOC			BURNIE			A. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITX, T	OWN OR LOCAT	PILL			10d. INSIDE CITY LIMITS? 1 YES 2 WHO	
	10a. STREET AND NUMBER	(			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	DR.		2104	-/	L	1.S.A.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 (Z)NO	If yes, spe	endent of Hispan icity Cubes, Mexican 2 2 10 Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: Black	
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	N st of working	166. KIND OF BUS	SINESS/INDUST	RY	
COMPLETED	Elementary/Becondary (0-12)	College (1-4 or 5+)	W. 50 701 639 70			-Faikfi	eld	Noteing Home	
BE CO	17. FATHER HAME (First, Middle, Last)	noody			18. MOTHER'S NAI	ME (First, Middle, Meiden	Sumamo) NUK	exay	
10	168. INFORMANT'S NAME (Typo-Print)  CON Mak	tin	19b. MAILING AD \$21	ORESS (Street a	Number or Aural A	noute/Number, City or Tow	n, State, Zip Coo	21144	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		PLACE AND DATE OF D		Port	DATE 20c. 10	CATION — City	or Town, Stata	
	21. SIGNATURE OF FUNERAL BERVICE LIG	n. 100.	11/	22 HAME AN	D ADDRESS OF FAC	SILITY F	163	9 19.	
	23. PART I. Enter the diseases, or c	omplications that caused	the death. Do not	enter the mo	da of dving, auch	as cardiac or resol	BK.	Approximate	
	IMMEDIATE CAUSE (Final	List only one cause on e	ech line.	0	Δ.			Interval Between Onset and Death	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	ILI D	eficus "	Syndron	0	14 months	
NO.	Sequentially list conditions,	OUE TO (OR AS A	CONSEQUENCE OF:	2	V			13 most	
ICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	. Negrati	S) all sen	L S	slud	Lyto Ab	7%	1 month	
CERTIFICATION	that initiated events resulting in deeth) LAST	5) nus	tos			,			
EDICAL C	PART II. Other significant conditions	contributing to deeth b	ut not resulting in t	he underlying	ceuse given in i	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDI						1 TES 2	ONX	COMPLETION OF CAUSE OF OEATH? 1 YES 2 37NO	
_									
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJI		28d. DESCRIBE HOW II	NJURY OCCUR	EO	
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide	28s. PLACE OF INJURY	- At home, farm, stree		ES 2 NO	28f. LOCATION (Street a	and Number or F	bural Route Number	
ETEO	4 Homicide determined	3 Suicide 6 Could not be detarmined 289. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED		CIAN: To the best of my know R: On the besia of examination						use(s) end manner as stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIER	11.0	There	MO	29c, LICENSE NUM	BER T	29d. DATE SIG	SNED (Month, Day, Year)	
2	DR. RUSSELL R. DE	CLUCA, M.D./1	1600 CRAIN	"HIGHWA	AY SW/GLE	EN BURNIE,	MD. 2	1061	
	APR 13 1992	PEGISTBAR'S SIGN.							



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEAD		MENTAL HYGIEN	E 9	2 10068		
	1. DECEDENT'S NAME (First, Middle, Last, Paul	Paul	JACORAH			2. DATE OF DEATH DO	1992	3. TIME OF DEATH 2 7:36 AM		
	4. SOCIAL SECURITY NUMBER 206 07 1992	1 De 2 - F 89	(In yrs. lest birthday) F	UNDER 1 YEAR IF	UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 22	1903	BIRTHPLACE (State or Foreign Country)		
TOR	Franklin Sq. Ho		91		CITY, TOWN OR LOCATION OF DEATH ROSSVILLE			Baltimore County		
DIRECTOR	10a, STATE 10b, COUNT	MD 106. COUNTY Baltimore					100			
FUNERAL	100. STREET AND NUMBER 102 S. Stuart	St.		101. ZIP	2122		1 - YES 2 0 NO  OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDED If yes, specify 1 TYES 2	Cuban, Mexico	IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	(Specify only highest grade completed) (Give kill life. Do I			UAL OCCUPATION of done during most of etired.)  Die Make		16b. KIND OF BU	SINESS/INDUS			
BE COMF	8 Tool &  17. FATHER'S NAME (First, Middle, Lest)  Stanley Jacobauski				MOTHER'S NA	ME (First, Middle, Meiden Lonette Kar	Sumame)	pace		
TO B	19a. INFORMANT'S NAME (Type/Print)  Jean Jacobauski	, Daughter				nks, Pa. 1		de)		
	26g: METHOD OF DISPOSITION 1	moval from State	PLACE AND DATE OF C	orial Gar	rdens	4/15/92	Belair	or Town, State		
	22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Balto.: MD 21221									
	23. PART f Enter the diseases, or complications that reused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in shock, or heart failure. List only one cade on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Congestive Heart Failure  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
MEDICAL	PART II. Other significant condition Pneumonia	ons contributing to deeth t	out not resulting in t	he underlying ce	use given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Ch	ack only one)				
IYSI	1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 ER/Out		THER: Numing Home 5						
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	NJURY 1 IME O	F 28c, INJURY WORK? M 1 TYES		28d. OEŞCRIBE HOW I	NJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	OF INJURY — At home, farm, street, factory, offica g, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		SICIAN: To the best of my know IER: On the basis of examinatio						suse(a) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	ER		29c. LICENSE NUMBER			29d. DATE SI	GNED (Month, Day, Year)		
TO B	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAUSE OF DE	ATH (ITEM 27) /Same Ou	D42336 >4/12,				12/92		
	Timothy Kamp	600 N.1	Note St.	, Balton	ore,	MDala	05			
	APR 1 3 1992	Juna Davidson Ra								



blistance . It-

Tool will make the faller war lits

one templated langithm LLOP come Mr. tomes No. 17572

elgir Sescrial Certens #/15/9% entits. 1mentatinent Famerel Tome i1#07 lestern Ave. Imite. 15 21221

3. TIME OF DEATH

2. DATE OF DEATH MONTH

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BALTIMORE, MARYLAND 21203-3146

RECORDS, P.O. BOX 13146,

VITAL F

DIVISION OF

7. DATE OF BIRTH A SOCIAL SECURITY MUMBER 8. AGE (In yrs. last birthday) 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 73 MIN. 240-14-5417 1X M 2 | F 7-16-1918 N 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GENERAL HARFORD DIRECTOR FALLSTON HOSPITAL 570 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Fallston Harford Maryland 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21047 U.S.A. 2416 Rochelle Drive be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ANO Specify: 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced White ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15, DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Armco Steel Co. Maintenance COMPL 12 yrs. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Miller Verna Earn Johnson notified at 图 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21047 2416 Rochelle Dr. Fallston, Md. Mrs. Mildred D. Johnson page å 20s. METHOD OF DISPOSITION
1 5 Surial 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) Раде 6 тау 1 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State must director, 4/11/92 N.Wilkesboro, N.C. Mount Lawn Mem. Park examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.F.Lassahn Funeral Home funeral E. F. Lassahn 2. hours after death. 11750 Belair Rd.Kingsville, Md.21087 filled in by the fillion, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition cremation. acute Pul oe dema Sudden completely requires that the death certificate be executed within traumatic event, resulting in death) prior to burial, CERTIFICATION and Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician COPD -Emp cause. Enter UNDERLYING CAUSE (Disease or injury other t that initiated events resulting in death) LAST 6 signed by the atter Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 YES 2 NO t. of h PHYSICIAN: certificate has been the State Dept. of ME 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Hem **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA ATTENDING PHYSICIAN: ng Home 5 🗆 Residence 8 🗆 Other (Specify) 4 🗌 Nu 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with marked. this 1 Natural 8 Pending 34 1 YES 2 NO BY After t Accident Investiga 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined DIRECTOR: A hours after d 00 28 4 Homicide COMPLET Item 29a CERTIFIER 1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. HOSPITAL FUNERAL C = 2 MEDICAL EXAMINER: On the basis of examin TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B 13-D. PAREKH MD D18424 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 31. DATE FILED (Month, 32. REGISTRAR'S SIGNATURE 1992 whice Davidson

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BALTIMORE, MARYLAND 21215-0020

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יייני בייני	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. F	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF REGISTRAR CERTIFICATE C		AL HYGIENE REG. NO.	32 10070					
į			E OF DEATH	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER  172-40-4184  1 PM 2 F  6. AGE (In yrs. (ast birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTY   8. BIRTHPLACE (State or Foreign Country)   Penna.								
TOR	90. FACILITY NAME (If not institution, give street and number)  Soseph Richey Hospice Ball. Ind 21201  RESIDENCE OF DECEDENT  90. COUNTY OF DEAT  90. CITY, TOWN OR LOCATION OF DEATN  90. COUNTY OF DEATN  90. COUNTY OF DEATN  90. CITY, TOWN OR LOCATION OF DEATN  90. COUNTY OF DEATN								
DIRECTOR	MD Baltimore Essex	The strip to the s							
FUNERAL	1628 Williams Ave.	101. ZIP CODE 21221	U	N OF WHAT COUNTRY?					
ВУ	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes	DECENDENT OF HISPANIC ORIGI , specify Cuban, Mexican, Puerto YES 2 NO Specify:	IN? (Specify Yes or No- 14 Rican, etc.)	. RACE — American Indian, Black, White to Specify:					
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (6-12)  College (1-4 or 5 +)  L  16e. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use relired.)  Teacher	most of working	b. KIND OF BUSINESS/INDUS						
BE COMPL	17. FATNER'S NAME (First, Middle, Last) Edward M. Karlonis, Sr.	18. MOTHER'S NAME (First, Blanche	Middle, Meiden Surname)						
TO B	196. INFORMANT'S NAME (Type/Print) Patricia Karlonis, Sister  19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 18 Eley St. Kingston, PA 18704								
	20e. METHOD OF DISPOSITION  1	1	TE 20c. LOCATION - CIT 2/92 Kingsto						
	Muy & Sangletnike Bri	e AND ADDRESS OF FACILITY IZdzinski Fune 17 Eastern Ave		MD 03.000					
	23. PART I. Enter the diseases, or complications that outset the death. Do not enter the shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  ANXIONAL disease	mode of dying, such as car	rdiac or reapiratory arres	d, Approximate interval Between Onset and Death					
NO	DUE TO (OR AS A CONSEQUENCE OF):  Metatstatic pancreatic carcinoma  1 year								
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of):							
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying the death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying to death but not resulting in the underlying the underlying the death but not res	ying cause given in Part I.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICAL			PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
SICIAN:	EXAMINER? HOSPITAL: OTHER:	. PLACE OF DEATH (Check only o							
PHY	27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY INJURY	fome 5 Residence 6 Oth INJURY AT 28d. DE WORK?  YES 2 NO	SCRIBE HOW INJURY OCCUP	REO					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 25e. PLACE OF INJURY — At home, farm, street, factory, or building, etc. (Specify)	Rural Route Number,							
COMPLETED	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinio			euse(s) end menner es atated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER D. 13006	29d, DATE S	IGNED (Month, Day, Year) April 1992					
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	13000		Whill TAAS					

Baltimore Md.

21201



Thomas H. Powell

APR 1 3 1992

101 W. Read St.

32. REGISTRAR'S SIGNATURE

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Patricia Isrlonia, Sister 18 ley St. Mineston, 18 18 (4

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rutezinski Sumerrol kore na 1467 bastern vo. saltimores, B 21203

3. TIME OF OEATH

 BIRTHPLACE (State or Foreign Country) Maryland

> 10d. INSIDE CITY 1 - YES 2 100

14. RACE — American Indian, Black, White, etc.

Insurance Company

MEDICAL CERTIFICATION PHYSICIAN: BY

COMPLETED

BE

2

cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa

resulting in death) LAST

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH

Natural
Accident

3 Sulcide

4 Homicide

OLD RIGHT HEMIPARESIS

5 Pending Investigation

8 Could not be

FOR STATE REGISTRAR

1 -

FUNERAL DIRECTOR

BY

COMPLETED

BE

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burial-tra

1. DECEDENT'S NAME (First,	,	J. Leigh	t						2. DATE OF DEATH		YEAR	3. TIME OF OEA	
				6. AGE (In yrs. last birthday)		IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH	1991			
220-07-5379 1⊠ M 2 □ F		69 YRS.		MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	1922	Count	HPLACE (State or F ry) ruland		
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D								
Francis Sci	ott Ke	y Medica	e Cent	ter	Bal	time	ore C	ity		110 00000			
RESIDENCE OF DEC													
Maryland Baltimore					10c. CITY, TOWN OR LOCATION Dundalk							10d. INSIDE CIT	
10s. STREET AND NUMBER	20000	70.10 10					H. ZIP COD	40				1 TYES 2	
								_		_	B. CITIZEN OF WHAT C		
7915 St. B		21222					un	United States					
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR				S 2 NO If yes, specify Cuben, i					NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.) y:	E — American Ind k, White, etc.			
15. DEC (Specify only	6s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIND OF BUSINESS/INDUSTRY							
Elementary/Secondary (0		College (1-4 or 5	+)	Itte. Do NOT u			OST OF WORK	10					
8 years				Sales Agent Sun Life						o In	Insurance Com		
17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden				
Lawrence L	eight						Do	roth	y Rooks				
19a. INFORMANT'S NAME (7				19b. MAILING	ADDRES	S (Street			Route Number, City or Town	n. State. Zic	Code)		
Donald R.	3438 Leverton Rd. Baltimore. MD 21224												
20a. METHOD OF DISPOSITION  1 □ Burlal 2 ☑ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)				20b. PLACE AND DATE of OISPOSITION (Name of cemetery, grematory or other place) HILLOP Service Corp. Apr., 10, 1992 Towson, MD									
21. SIGNATURE OF PUNETA	W. L	ENSEE			Di	ida-	ND ADDRE RUCK	Fund	eral HOme o nue. Baltir	of Du	ındal	ck. Inc.	
23. PART I. Enter the di shock, or he	iseasea, or c	complications the	t coused th	e death. Do	not enter	the mo	ode of dy	ing, auc	h as cardlec or reapl	ratory arr	reat,	Approxim	
IMMEDIATE CAUSE (Final							P						
resulting in death)		SCLEROTIC CARDIOVASCULAR DISEASE											
		DUE TO	(OR AS A CO	NSEQUENCE O	F):								
Sequentially list conditi	ons,	bDUE TO	(OR AS A CO	NSEQUENCE O	F):								

OUE TO (OR AS A CONSEQUENCE OF)-

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

28e. DATE DF INJURY (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

Approximate **Oneat and Death** YEARS

26. PLACE OF DEATH (Check only one) OTHER 4 - Nursi ng Home 5 - Residence 6 - Other (Specify) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24a. WAS AN AUTOPSY PERFORMED?

1 TYES 2XXNO

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28b. TIME OF

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) m 4-9-92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VADHANA CLAUD, M.D., VA MEDICAL CENTER FORT HOWARD, FORT HOWARD, MD

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Qay, Year), Julia Davidson Pandalle 1992

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-
10 THE MUSICIAL OR ALTENDING PRESIDENT: The law requires mat the death centracted within 24 hours after death. Page 6 may be retained by the hospital or attending TO THE FUNERFACE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befield within 72 hours after death with the State Decir, of Health and Merital Hydiene prior; to builal, corremation, or removal:
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND				HEALTH AN		AL HYGIEN	E	92	100	772	
	1. DECEDENT'S NAME (First, Middle, Last)	0.0							2. DATE OF DEATH			3. TIME OF DE	-	
	EDWIN	J.			LESSNER				MONTH DAY Y			12:35	Ры	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)			IF UNDER 24 H	IRS. 7. DAT	TE OF BIRTH	OF BIRTH		PLACE (State or	Foreign	
	219-10-7467	M 2 DF	F 66 YRS.		MONTHS	ONTHS DAYS HOURS		HN. 7-4	7-4-1925		Country	YLAND		
æ	90. FACILITY NAME (If not institution, give a DORCHESTER GENER	treet and number)				CITY, TOWN OR LOCATION OF DEATH			1725	9c. COUNT DORCH	EATH			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INSIDE CITY													
2			10c. CIT	Y, TOWN	OR LOCA					10d. INSIDE CIT	ΓY			
	MARYLAND 7		DUNDALK							1 TYES 2				
FUNERAL				10	f. ZIP CODE			EN OF W	F WHAT COUNTRY?					
W.	8126 CORNWALL ROA					21222						U.S.A.		
BY FU	1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES  WW TT				13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Mexican, Puerto 1 PES 2 NO Specify:				to Rican, etc.) Black, White Specify:				
0	15. DECEDENT'S EDU	CATION	16ª DECEDENT'S			USUAL OCCUPATION			16b. KIND OF BUSINESS/INDU			WHITE		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of vie. Do NOT us	work done se retired.	during mo	st of working			J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	01111			
호	12TH GRADE	N/A	"	MEAT	CUT	TFR			F	SSKAY				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	-07/1	THE N CALLER					'S NAME (Firs	t, Middle, Meiden					
BE	EDWIN I. LESSNER						GERT	TRUDE	CLAVIO	V				
	19a. INFORMANT'S NAME (Type/Print)	R GERTRUDE CLAYTON  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zig.								Code)				
٩	GRACE M. LESSNER 8126 CORNWALL ROAD BALTIMORE MARVIAND 21222											22		
	20a. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)  20c. LOCATION — City or Town, State													
	21. SIGNATURE OF FUHERAL SERVICE LICENSES  1. SIGNATURE OF FUHERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY													
	PUDA-RUCK FUNERAL HOME OF DUNDALK 7922 WISE AVENUE DUNDALK MD										INC. 21222			
	5. PART I. Enter the diseases, or a shock, or heart failure.	complications the	t coused the d	eath. Do r	ot ente	r the mo	de of dying,	such as co	erdiac or respi	ratory arre	st,	Approxi		
	IMMEDIATE CAUSE (Final									Onset se				
	resulting in death)	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE												
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, lasting to immediate	DUE TO (OR AS A CONSEQUENCE OF):												
Cause. Enter UNDERLYING C														
E	that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):									
英		d												
	PART II. Other significant condition	s contributing to	death but not	resulting i	n the u	nderlyin	ceuse give	n in Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY	FINDINGS	
2									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
T TES 2/L NO											OF DEATH?			
												1 YES 2	NO	
AN														
200	EXAMINER?  HOSPITAL:  OTHER:													
H	27. MANNER OF DEATH		28e. DATE OF INJURY 28b. TIME OF			raing Home 5 ☐ Residence 6 ☐ Ott  28c. INJURY AT 28d, D				HIBY OCCU	BED			
	1 Netural 5 Pending	(Month, Day, Year)			URY	RY WORK?			28d. DESCRIBE NOW INJURY OCCURED					
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	28e. PLACE OF INJURY — At home, term,						281. LOCATION (Street end Number or Flural Route Number.					
COMPLETED	4 Nomicide determined building, etc. (Specify)						City or Town, State)							
P	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated.													
NO.	One) 2 📈 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated.													
w II	296. SIGNATURE AND TITLE OF CERTIFIER	1 11 44	5				29c. LICENSE						)	
TO B	Wonald J. Wright M.D.						o.c.	M.E.	▶APRIL 9,1992					

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DONALD G. WRIGHT M.D. 111 PENN ST. BALTIMORE, MD. 21201 32. REGISTRAT'S SIGNATURE 3

31. DATE FILED (Month, Day, Year)
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.TIMORE, MARYLAND 2 R.15 0020 n. Page 6 may be retained by the honorum armore physicis

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31. DATE FILED (Month, Day, Year)

92 10073 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Lue Ester Lee 2116 92 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 XF 71 YRS. 217-26-8508 3 - 31 - 21SOUTH CAROLINA Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hosp. 900 Caton Ave FUNERAL DIRECTOR Balto. Md. 21229 10e. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE, MD MD 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 41 NORTH CATHERINE STREET 21223 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES. GIVE WAR OR DATES ВУ 1 TES 2 NO Specify: 3 🕅 Widowed 4 🗌 Divorced BLACK COMPLETED 18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) EUGENE JULIUS LUCILLE **JENNINGS** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 GLORIA LEE SULLIVAN 3819 BYFIELD ROAD. BALTIMORE 20s. METHOD OF DISPOSITION
1 Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State metery, cremetory or other place)
CEDAR HILL CEMETERY 4 Donation 5 Other (Specify) GLEN\_BURNIE. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. BALTIMORE ST. BALTO, MO. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 4 Nursing Home 5 Tesidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Metural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🔲 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner es stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day 8

Julia Davidson-Rendalle

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



DHMH-16 Rev 1/89

1-11-9

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to brink, cremation, or removal.  IMPORTANT: if item 28 is marked, or item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE OF MARYLAND / DEPA STATE REGISTRAR CERTIF	RTMENT OF HEALTH AN						
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH				
	Marie LETT		April 11, 199	2 10:55 A M				
	4. SOCIAL SECURITY NUMBER   5. SEX   6. AGE (in yrs. lest birthday   1   M 2 2 F   81   YRS.			BIRTHPLACE (State or Foreign Country)     MD				
OR	ee. FACILITY NAME (If not institution, give street and number) Franklin Sq. Hospital	Possville		nty of DEATH imore County				
5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY 10c. C	ITY, TOWN OR LOCATION		10d. INSIDE CITY				
L DIRECTOR	MD Baltimore	Essex		LIMITS? 1 YES 2 NO				
FUNERAL	1706 Cape May Rd.	101. ZIP CODE 212	221	USA				
B	11. MARITAL STATUS  1 Never Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 4 NO  IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)  14. RACE — A. Black, Whit is yes, specify:  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify: No Specify: Specify: Specify: Specify: No Specify: N						
COMPLETED	(Give kind of Elementary/Secondary (0-12) College (1-4 or 5 a) Ille. Do NOT	de completed) (Give kind of work done during most of working						
ш	17. FATHER'S NAME (First, Middle, Last) Henry Bartling		s NAME (First, Middle, Malden Surname) nanda Wilson					
TOB	Hobert C. Lett, Husband 1706	Cape May Rd.	Baltimore, MD 2	1221				
	20s. METHOD OF DISPOSITION 1 Department of Comments of	eofdisposition(Name of Carte of Jesus (	DATE 20c. LOCATION — 4/14/92	City or Town, State Baltimore Co MI				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22 NAME AND ADDRESS OF TUZOZINSKI	Fraculty Funeral Home PA	e, MD 21221				
ERITICATION	23. PART I Enter the diseases, or complications that caused the death. Do shock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE of Injury that Initiated events resulting in death) LAST	on:	the state of respiratory and	eat, Approximate interval Between Onset and Death				
MEDICAL CE	PART II. Other aignificent conditions contributing to death but not resulting	g in the underlying ceuse give	1   YES 2   NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
3	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATI	H (Check only one)					
6	EXAMINER?  1 YES 2 HO  HOSPITAL:  1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 □ Nursing Home 5 □ Reside	nce 6 Other (Specify)					
DI PRISICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 1 Accident Investigation	IME OF NJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCI	CURED				
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm building, atc. (Specify)	, atreet, factory, offica	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,				
COMPLEIED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigate.							
O DE C	29b. SIGNAPURE AND TITLE OF CENTIFIER	29c. LICENSE DO	NUMBER 294. DATE	t BIGHED (Morph, One War)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE ROBERT Lyden, M.D. 6402 Golden Ri)  31. PATE FILED (Moglin, Day, You) 32. REGISTRAR'S SIGNATURE		ore MD 21237	1-1-				
	APR 1 3 1992 Julia Davidson-Anders							



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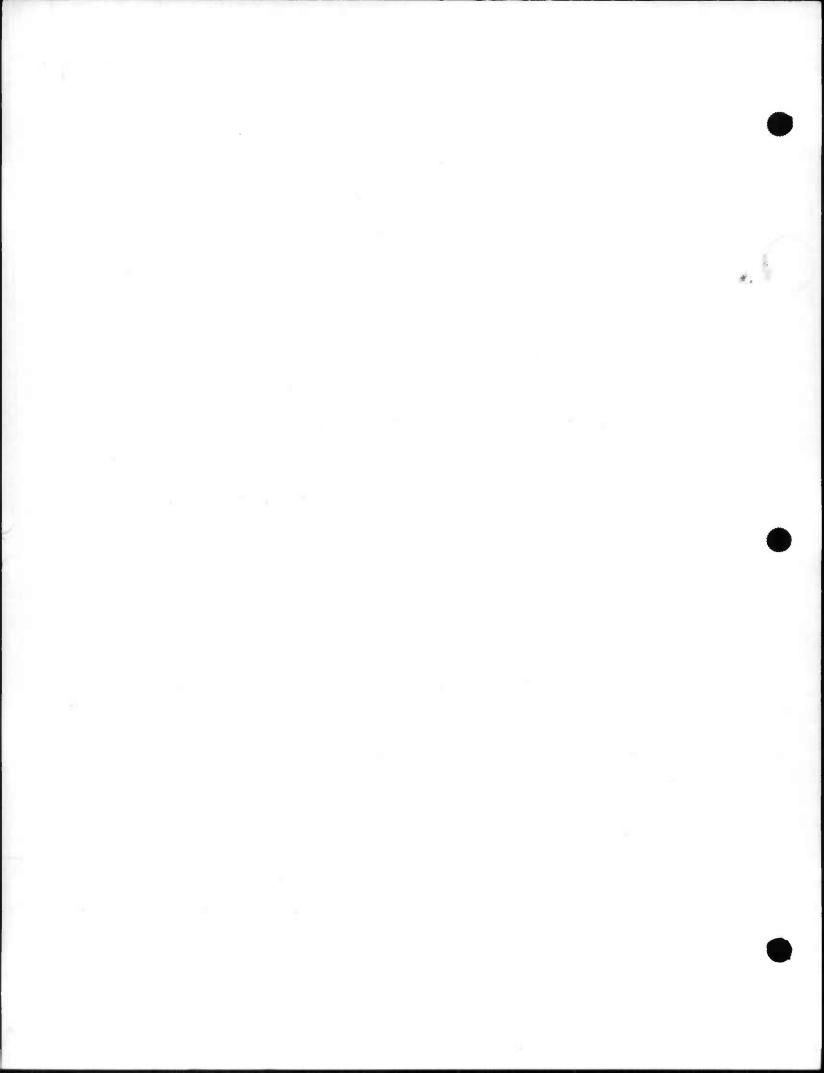
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CENTIF	CALE	F DEATH	REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Lest)  ROBERT CHARLE:	S MEAD 2	b.,	E	2. DATE OF OEATH MONTH DA	6 95	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE ( 577 - 0) - 0151 VEM 2 - F 83	In yrs. i==t birthdey)  YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try) Cyland
	9a. FACILITY NAME (If not institution, give street and number)	9c. COUNTY OF I	DEATH				
œ	Keswick Home Baltimore						
임	RESIDENCE OF DECEDENT	Dal	CTHOLE				
	10a. STATE 10b. COUNTY	CATION			10d. INSIDE CITY		
DIR	Maryland Baltimore	owson	10f. ZIP CODE		1 YES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 728 Scarlett Dr.						WHAT COUNTRY?
3	11. MARITAL STATUS 12. WAS DECEDENT EVER II		13. WAS	DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, ck, Whita, etc.
IF YES, GIVE WAR OR DATES  1 YES 2 NO Specify: White							cily:
	15. OECEOENT'S EOUCATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	(Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5+)  L YY			most of working	C&P Te	lephone	
Ž	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		
BE CC	Robert F. Mead			Justina		lick	
TO B	19a. INFORMANT'S NAME (Type/Print) Virginia M. Berry		ondell		nium, Md.		
	4 Of Burds   2 Commettee 2   Barmant/Boom State	other plecel		f cometery, crematory or	20c. LO as 4-14 Tin	CATION — City or T	
	4 Donetton 5 Other (Specify)	Laney v		E AND ADDRESS OF FA		ioni din, i	1d.
	21. SIGNATURE OF PUNERAL SERVICE LICENSER		Ru	ck Towson	Funeral Ho l. Towson,		
	23. PART I. Enter the diseases, or complications that cause	d tha death. Do	not enter the	mode of dying, suc	h as cardiac or reap	retory arrest.	Approximata
ij	shock, or heart failure. List only one cause on a  IMMEDIATE CAUSE (Final disease or condition	ach Ilna.	COP	)			Interval Between Onset and Death
z	DUE TO (OR AS A	CONSEQUENCE O	9: 18/16/07	for of	secretion	5	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE O	F):				
EDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	A CONSEQUENCE O	F):				
8	d						
4	PART II. Other algolificent conditions contributing to death t	out not resulting	In the under	ying ceuse given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	Atrial felprillation	. 4	171	Dials	eles 1 YES		COMPLETION OF CAUSE
		-		1	·   1   1ES 4	XIIIO	OF DEATH?
Σ							1 TYES 2 TO NO
ż							<u> </u>
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			8. PLACE OF DEATH (C)	neck only one)		
S	1 YES 2 NO 1 Inpetient 2 ER/Out	patient 3 🗆 DOA	OTHER:	Home 5 - Rasidence	8 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	28b. TIN	JURY	. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCUREO	
ED BY	2 Accident Investigation 3 Suicide a Could not be determined Determined	Y — At home, farm,	atreet, factory,	offica	281. LOCATION (Street City or Town, State,		I Route Number,
PLET	29a. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To the best of my know	viedge, death occur	red at the time,	date and place, and due	to the cause(a) and ma	nner as stated.	
COMPLET	one) 2 MEDICAL EXAMINER: On the basia of examination	on and/or investigation	on, in my opini				22 0.43 24-14-24-442
TO BE	296. SIGNATURE AND ATTHE OF CERTIFIER  CONUMN  Staff	Physic	(bu	D349	MBER 988	≥ 4 / LC	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI David G. Roberts, M.D.,	6565	Print) Ur	Charles S	x. Bolto.	Mo.	21204
	31. DATE FILEO (Month, Day, Yeld) 32. REGISTRAR'S SIG	NATURE Sevida	- Banda	<b>2</b> -			
		1400	- 1000				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detailed for use as the burnal be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention	TO THE FUNKEAL DIRECTOR After this coefficiant has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	the med whom it mous after death with the State Dept. Of result and wental hygerie prior to burial, chemation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	I
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	92-1956-510	CTATE OF MADVE AND	) / DEDARTHEE					92	100	76
	1 - STATE REGISTRAR	STATE OF MARYLAND	CERTIFICA			MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEA	ATH
	GRAFTON	PERNELL	N	<b>HISTER</b>	}	04 00	5 19	92	11:54	P.
		TOWNER OF THE PROPERTY OF THE							PLACE (State or I	Foreign
			O YAS.	DAYS	HOURS MIN.	(Month, Day, Year) 8-26-1961		BALT	IMORE, MI	).
~	9e. FACILITY NAME (If not institution, give etre	90 FFD-3 S.L.	9b. C	TY, TOWN O	R LOCATION OF D	EATH	9c. COU	NTY OF DE	EATH	
Ō	2600 BLOCK LOYOLA	SOUTHWAY	BAI	TIMOR	E CITY					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATE	ION				10d. INSIDE CIT	Υ
	MD.		BAL	TIMOR	E				LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CIT	ZEN OF W	HAT COUNTRY?	
Ä								USA.		
F	11. MARITAL STATUS  1 X Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED 1	13. WAS DECE	ENDENT OF HISPA	NIC ORIGIN? (Specify ) an, Puerlo Rican, etc.)			- American Ind. White, etc.	llen,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 X NO Speci			Specif	y:	
0	15. DECEDENT'S EDUCA	TION 16a.	DECEDENT'S USUAL	OCCUPATION	N .	16b. KIND OF B	USINESS/INC	BLA	UK	
H	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work dor life. Do NOT use retired	ne during mos d.)	t of working	0.000				
MP			RESTURAN	T WOR	.K					
COMPLETED	17. FATHER'S NAME (First, Middle, Leet)				18. MOTHER'S NA	AME (First, Middle, Melde	n Sumame)			
BE	GRAFTON PERNELL	MISTER SR.			ESSIE					
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To				
	BETTY CARTER 200. METHOD OF DISPOSITION	1				LTIMORE, N				
	1 A Burial 2 Cremation 3 Remove		CEAND DATE OF DISP CTEMPLOTY OF OTHER DISC SUTUS CEMI		ne of	i	OCATION			
	21. SIGNATURE OF FUNERAL SERVICE LICE				D ADDRESS OF FA	4-15-92 .	ARBUTU	JS, M	LARYLANI	)
	De Clarate	10 VA		JOSEP	H H. BR	OWN JR. FU				
	23. PART I. Enter the diseases, or con	molications that caused the	doub Do ant and	913 W	V. BALTIM	DRE ST. BALTO	O. MD.	21223		
	anock, or heart fellure. Lis	st only one cause on each I	Ine.	ter the mod	ia or dying, suc	n as cardiec or rea	piratory arr	eat,	Approxim	Between
	iMMEDIATE CAUSE (Final disease or condition	MULTIPLE GUNS		\C					Onset an	d Daath
	reaulting in death) a	DUE TO (OR AS A CON		<i>1</i> 5						
z									İ	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEOUENCE OF):							
CA	CAUSE (Disease or Injury									
TIF	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CON	SEOUENCE OF):							
CEF	d								-	
	PART II. Other aignificant conditions	contributing to death but no	ot resulting in the	underlying	cause given in		N AUTOPSY ORMED?		WERE AUTOPSY F	
PHYSICIAN: MEDICAL						1 0 YES			AWAILABLE PRIOR COMPLETION OF DF DEATH?	
ME								1	1 💢 YES 2 🖂	NO
Ä										
CI		IOSPITAL:	ОТН	ER:	CE OF GEATH (Ch					
₹	1 X YES 2 NO 1	□ Inpetient 2 □ ER/Outpetient 28e. DATE OF INJURY	3 DOA 4 N			6) (Other (Specify)			EET	
	1 Netural 5 Pending	(Month, Day, Year) 04-06-1992	INJURY	28c. INJUI WOR 1 YE	IK?	28d. DESCRIBE HOW		CURED		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY At			- X	SUBJECT S		or Rumi Bo	usta Alumbar	
Ĕ	4 X Homicide determined	building, etc. (Specify)	ON STREE			City or Town, State 2600 BLOC	9)			37
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurred at the	e time, date o	and place, and disc				AMUTUWA	T
WC	(Check only  2 MEDICAL EXAMINER:	On the basis of examination and/	or investigation, in my	y opinion, des	oth occured at the	time, deta and place.	and due to th	e Causele)	end manner se s	stated.
	295 SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUI				Month, Day, Year)	
BE	1 aun ort	e M			O.C.M.E.			-07-1		
2	30 NAME AND ADDRESS OF PERSON WHO						1			

111 PENN STREET BALTIMORE MARYLAND 21201

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

LOCKE

3

M.D.

DHMH-16 Rev 1/89

-170-1 51

	1. DECEDENT'S NAME (First, Middle, Last)			ICATE OI		2. DATE OF DEATH		3. TIME OF DEAT
	Frederick	W.	Mc Call			04 0	8 19	92 6:46 F
	4. SOCIAL SECURITY NUMBER 220-36-4446	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Aug. 13,		BIRTHPLACE (State or For
	9a. FACILITY NAME (If not institution, give :		53 YRS.	AL CITY TOWN	OR LOCATION OF D		_	Pennsylvani
H.		107.000000			more Cit		9c. COUNT	Y OF DEATH
ECTOR	Francis Scott K RESIDENCE OF DECEDENT  100. STATE  100. COUNT	7 77 77				- <u>y</u>		
DIRE	Maryland		10c. CIT	r, town on Loc Baltim				10d. INSIDE CITY
	10e. STREET AND NUMBER				IOT. ZIP CODE		10g, CITIZE	1 YES 2
FUNERAL	5067 Wright Ave	enue			21205		U. S	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	ECENDENT OF HISPA specify, Cuban, Mexic is 2 1 NO Speci	NIC ORIGIN? (Specify Wan, Puerto Rican, etc.)	es or No — 14	4. RACE — American India Black, White, etc. Specify:
ED E	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	HELIAL OCCUPAT	TION			Whit
13	(Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)	(Give kind of w	work done during n	nost of working	16b. KIND OF BU	JSINESS/INDUS	STRY
COMPLET	NA	NA	Claims R	epresen	tative	Soci	al Sec	urity
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Melde	Sumame)	
BE	Berton B. McCall		401 444 110	1000000		Brindle		
5	Edna McCall (Mot	her)				Aoute Number City or To		
	20a. METHOD OF DISPOSITION 1  Burlel 2 Cremation 3  Rem	oval from State	0b. PLACE AND DATE O	F DISPOSITION (	Vame of			ly or Town, State
	4 Donation S Other (Specify)		White Chu			Не	ston,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER			and address of fa	ciuty neral Hôme	s. Inc	
	23. PART I. Enter the diseases, of	dent		3331	Brehms 1	Lane, Balt	imore,	Md. 21213
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF  A CONSEQUENCE OF	):				
CERI	resulting in death) LAST	d						
4	PART II. Other algnificant condition	a contributing to death	but not resulting in	n the underlyin	ng cause given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FIN AMILABLE PRIOR T
81	Hypertensive C.	aratovers cular	Miseru				2 🗀 NO	OF DEATH?
EDICA		MOINN				- Parts	I	1   YES 2   N
I: MEDICA	Chronic Alco					,		
	25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (Ch	eck only one)		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 🖾 YES 2 🗆 NO	HOSPITAL: 1 □ Inpatient 2 ∑ ER/Ou		OTHER:	PLACE OF DEATH (Ch			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28s. DATE OF INJURY (Month, Day, Year)	rtpatient 3 DOA 28b. TIME INJU	OTHER: 4   Nursing Hot OF 28c. (N JRY W M 1	ma 5 Residence JURY AT ORK? YES 2 NO		INJURY OCCUR	RED
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 🖾 YES 2 🗆 NO  27. MANNER OF DEATH  1 🕍 Natural 5 🗀 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OTHER: 4   Nursing Hot OF 28c. (N JRY W M 1	ma 5 Residence JURY AT ORK? YES 2 NO	6 Other (Specify)	end Number or	
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Ves 2 No  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Vear) 28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Sp	repatient 3 DOA  20b. TIME INJURY — At home, farm, at ecity)  wiedge, death occurre-	OTHER: 4   Nursing Ho OF 28c, IN JRY W 1   Ireet, factory, offi	ma 5 Residence JURY AT ORK? YES 2 NO ce	Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(s) and ma	end Number or	Rural Route Number,
COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Ves 2 No  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Sp	repatient 3 DOA  20b. TIME INJURY — At home, farm, at ecity)  wiedge, death occurre-	OTHER: 4   Nursing Ho OF 28c, IN JRY W 1   Ireet, factory, offi	ma 5 Residence JURY AT ORK? YES 2 NO ce	Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  to the cause(s) and ma time, date and place, at	end Number or )  nner as stated, and due to the c	Rural Route Number,
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp. DLACE)  CIAN: To the best of my known of the basis of examinate the basis of examinat	repetient 3 DOA  20b. TIME INJU  RY — At home, farm, at early)  wiedge, death occurre- ion end/or investigation	OTHER: 4   Nursing Hot OF   28c. IN RY   1   Ireel, factory, offi d at the time, dat h, in my opinion,	ma 5 Residence  JURY AT ORK? YES 2 NO ce e end place, end due death occured at the	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) end ma time, dete end place, et	end Number or or or or or or or or or or or or or	Rural Route Number, seuse(a) and menner as sta
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation  2  Accident   Suicide   B  Could not be detarmined    29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp. DLACE)  CIAN: To the best of my known of the basis of examinate the basis of examinat	At home, farm, st early  At home, farm, st early  wiedge, death occurred on end/or investigation  PEATH (ITEM 27) (Type, 1)	OTHER: 4 Nursing Hot OF 28c. IN MY M 1 Irreet, factory, offi d at the time, dat i, in my opinion,	ma 5 Residence  JURY AT ORK? YES 2 NO ce e end place, end due death occured at the 29c. LICENSE NUR O. C. M.	6 Other (Specify)  2ed. DESCRIBE HOW  2el. LOCATION (Street City or Town, State  to the cause(s) end matime, dete end place, et  #BER	nner as stated.  29d. DATE SI	Rural Route Number, seuse(a) and menner as sta IGNED (Month, Day, Year) 109/1992
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp. DLACE)  CIAN: To the best of my known of the basis of examinate the basis of examinat	TY — At home, ferm, st early)  TY — At home, ferm, st early)  Wiedge, death occurred on end/or investigation  PARTH (ITEM 27) (Type, 1111 Pen	OTHER: 4 Nursing Hot OF 28c. IN MY M 1 Irreet, factory, offi d at the time, dat i, in my opinion,	ma 5 Residence  JURY AT ORK? YES 2 NO ce e end place, end due death occured at the 29c. LICENSE NUR O. C. M.	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) end ma time, dete end place, et	nner as stated.  29d. DATE SI	Rural Route Number, seuse(a) and menner as sta IGNED (Month, Day, Year) 109/1992



pital or attending physician.	ad for use as the burisi-transit permit. Pages 1, 2, 3 should		
od within 24 hours after death. Page 6 may be retained by the hospit	completely filled in by the funeral director, page 5 should be detached for us	il, cremation, or removal,	event, the medical examiner must be notified at once.
SIAN: The law requires that the death certifican be executed within 24 hours an	s certificate has been signed by the attending physician and co-	the State Dept. of Health and Mental Hygiene prior to burist	, or item 23 shows any injury, or other traumatic e
TO THE HOSPITAL OR ATTENDING PHYSIC	NERAL DIRECTOR: After this	The first of the same of the s	IMPORTANT: If Item 28 is marked,

	REGISTRAR	STATE OF MARYLA	ND / DEPART	IMENT OF I	IEALTH AND	MENTAL HYGIEN REG. NO	E 92	10078	
	1. DECEDENT'S NAME (First, AROSHI, Laid)	uller				2. DATE OF DEATH MONTH D	AV / 9	ar 9:31 P m	
	240-64-8281	0 m = 10 8		F UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
В	9a. FACILITY HAME (If not institution, give street ST TOSE	PH HOST	DITAL	of DEATH BULL					
ривестоя	RESIDENCE OF DECEDENT  10s. STATE  10s. COUNTY		10c. CITY	TOWN OR LOCAL	10WSU			10d. INSIDE CITY	
	Mđ		1000			altimore		LIMITS?	
FUNERAL	10s. STREET AND NUMBER			10	f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?			
JNE	6804 - B Sturbrid	ge Drive 2. WAS DECEDENT EVER IN	U.S. ARMED	12 WAS DE	NIC ORIGIN? (Specify Yes	USA			
BY	1 Never Married 2 Married 2 Widowed 4 Divorced	FORCEST 1 YES	2 X NO	If yes, sp		en, Puerto Rican, atc.)	1 or No 14.	. RACE — American Indian, Black, White, etc. Specify: Black	
E	18. DECEDENT'S EDUCAT (Specify only highest grade co.		16s. DECEDENT'S U (Give kind of en	ork done during mo		16b. KIND OF BU	SINESS/INDUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retined.)					
	17. FATHER'S NAME (First, Michile, Lest)				18. MOTHER'S N	AME (First, Middle, Malden	Surname)		
器	Calvin Mosley 18a. DEFORMANT'S NAME (DESCRIPTION)		Tab Man nio	1000000 (0) - 1		na Green  Route Number, City or Tow			
2	Erlene Miller								
	20s. METHOD OF DISPOSITION 1 General 2 Cremation 2 Plemova	20b. i	PLACE AND DATE OF	F DISPOSITION (NA	ame of	Dr. Balt	CATION — City	or Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN		etery, cremetery or oth	M.E. Zi	on Cemei	ery 4/16/9	2 Rut	herford Cty.	
	21. SHURATURE OF POWERSE SERVICE LICEN	· ATI							
Н	23. PART I. Enter the diseases, or con	10 M	M	Lerou	O. Dueti	Hants Ave & Son Fun	Balto eral A	Md. 21207	
	shock, or heart failure. Us	only one cause on es	ch line.	ot anter the mo	ide of dying, suc	ch as cardlec or reapi	ratory arrest	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	BRONCH	PNOUMO	NIA. RI	647 100	ven LOBE		2-33445	
	Transity in deality	DUE TO (OR AS A	CONSEQUENCE OF)	:	0177 200			2 3 2 4 / 3 ,	
NO	Sequentially tist conditions, b.	DUE TO (OR AS A (	CONSEQUENCE OF	14					
CAT	If any, leading to immediate cause. Enter UNDERLYING			•					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)						
CER	d								
¥.	PART II. Other aignificant conditions of	contributing to death bu	t not resulting in	the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICA	PRIOR CENEBRA	5. PRIOR	MYGCHA	DIAC /	NFHACT	161,350-2	□ NO	COMPLETION OF CAUSE OF DEATH?	
	PRIOR CERESE	OVASCULAL	TCCID	ENTS.				1 Nes 2 No	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (C/	neck only one)			
YSI	1 YES 2 AH6	Impatient 2 - ER/Outpat		OTHER: 4 - Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
	27. MANNER OF DEATH  1  Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	BK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	At home, ferm, str		YES 2 NO	281, LOCATION (Street a	and Number or F	Sural Poute Number	
COMPLETED	4 Homicide determined	building, etc. (Specify	Y)			City or Town, State)			
PLE	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	dge, death occurred	at the time, date	end place, end due	to the cause(s) and men	mer ne stated.		
SON	one) 2 MEDICAL EXAMINER: (	On the basis of exemination	end/or investigation	, in my opinion, d	eath occured at the	time, date end place, en	d due to the ce	ruse(e) end manner se stated.	
BE (	296 SHIMATURE WHO TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)	
2	30, MAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAL	TOSC 6/2 P	ATGOLOG	V D14	813	- 4/	110/92	
		AN, JA M			TH ST	TOSEPH	Vices	THE STORY OF	
$\overline{A}$	31. DATE FILED (Month, Day, Year)			11 01	14/0/	2010/11	1=3/2	2/200	
	APR 13 1992	wie vavidson	andelle					_,_,	

	1. DECEDENT'S NAME (First, Middle, Las	,						2. DATE O			3	. TIME OF DEATH
	JAMES	D		MURRA	Y			03	31	199	92	4:58 p
	4. SOCIAL SECURITY NUMBER 218 36 8921	5. SEX	6. AGE (In yrs. last birt	thday) IF UNDER	DAYS	HOURS	MIN.	7. DATE O	BIRTH 30-191	10	8. BIRTHPL Couptry) Ma.1	ACE (State or Foreign
	Be. FACILITY NAME (If not institution, give	street and number)		9b. CITY	, TOWN O	R LOCATIO	N OF DE	ATN		9c. COUN	TY OF DEA	
<u>6</u>	2400 BLOCK WING	HESTER ST	REET	BA	LTIM	ORE					NA	
DIRECTOR	10a. STATE 10b. COUNTY Maryland	na na	10	Balti		37721						Od. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 2402 Wincheste	er Apt	Δ	2002.03		ZIP CODE					EN OF WH	AT COUNTRY?
DI LON	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT	T EVER IN U.S. ARMED		If yes, spe		, Mexicen	, Puerto Rk	(Specify Yee en, atc.)			- American Indian, White, stc.
	15, DECEDENT'S EC		16a. DECED	ENT'S USUAL O	CCUPATIO	IN .		16b, F	IND OF BUS	INESS/INDU		
COMPLEIED	(Specify only highest gra Elementary/Secondary (0-12) 12	College (1-4 or 5+		ind of work done NOT use retired.)	during mos	st of working	7			r Wor		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Charles Murra	y					er's nam		White	Sumeme)		
0	190. INFORMANT'S NAME (Type/Print) Katherine Matt	hews	19b. M/	AILING ADDRESS	S (Street a	nd Number o	or Rural R	oute Numbe	City or Town	, Stete, Zip (	Gode)	
	20e. METHOD OF DISPOSITION 1	mokal troth state	20b. PLACE AND Cometery, cremato		SITION (Nei	ma of		DATE	20c. LOC	ATION C	ity or Town	n, State
	27 PART I Enter the discourse of								lto.,1			
	shock, or heart fellure IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	complications that b. List only one cause a. Due to	caused the deeth.							atory arre	at,	Onset and Daa
ERTIFICATION	IMMEDIATE CAUSE (Finei disease or condition	DUE TO	Caused the deeth.  Se on each line.  OB AS A CONSEQUENCE.  OB AS A CONSEQUENCE.	Do not enter						atory arre		Interval Batwee Onset and Das
MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (	OR AS A CONSEQUEN	Do not enter	the moo	Infanta	les such	aa cardii Chi	c or reapir	UTTOPSY MED?	24b. W	Interval Batwee Onset and Das
MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions.	DUE TO A	OR AS A CONSEQUENT	Do not enter	the mod	Cause gl	lyen in F	aa cardii Chi	4a. WAS AN A PERFORM	STORY STORY SED?	24b. W ACO	Interval Batwee Onset and Daar Onset and Daar Error on the Conset and Daar Onset
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and in the cause in the cause of	DUE TO   DUE	DOR AS A CONSEQUENT OF AS A CONS	Do not enter	26. PL. R: Bing Home 28c. INJU WOF	Cause gl	ven in F	Part I. 2	4a. WAS AN A PERFORM	UTTOPSY HED?	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ERE AUTOPSY FINDING MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2   NO
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent conditions in the cause of the conditions in the cause of the cause o	DUE TO DU	DOR AS A CONSEQUENT OF AS A CONS	Do not enter	28. PL. R: sling Home 28c. INJL WOOD 1   Y	ACE OF DE.	ven in F	Part I. 2  Ck only one)  Other (r. 28d. DESC)	4a. WAS AN A PERFORM	UTTOPSY MED?  NO  NO  JURY OCCU	24b. W AM CK CK CK CK CK CK CK CK CK CK CK CK CK	ERE AUTOPSY FINDING WALLABLE PRIOR TO OMPLETION OF CAUSE F DEATHY YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and investigation in death in the condition of the co	DUE TO DU	CONSEQUENT OF AS A CONSEQUENT OF	Do not enter  DO not enter  DO NOTHER  DO NO	28. PL/a: sing Home 20c. INJ/ WOF 1   V	Cause gl	ATN (Checkledence 6 No end due t	Part I. 2  Ck only one)  Other (c)  28d. DESCI	4a. WAS AN A PERFORM YES 2 ( Specify) INDE HOW IN.	UTOPSY RED? NO IN REBUILD JURY OCCU	24b. W AR OF	Interval Batwee Onset and Daa
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and investigation in death in the condition of the co	DUE TO DU	CONSEQUENT OF AS A CONSEQUENT OF	Do not enter  DO not enter  DO NOTHER  DO NO	28. PL/a: sing Home 20c. INJ/ WOF 1   V	Cause gl	ATN (Checkledence 6 No end due t	Dart 1. 2 Dart 1. 2 Det only one)  Other (128d. DESCI	4a. WAS AN A PERFORM YES 2 Specify) INDE HOW IN. Stere) (e) end mannad place, end	STORY STORY STORY OCCU	24b. W ACCOMMENTATION	ERE AUTOPSY FINDING MAILABLE PRIOR TO MOMPLETION OF CAUSE F DEATH?  YES 2 NO  TO ADARTMENT No Number.

THE PENN STREET BALTIMORE, MARYLAND 21201

DNMN-16 Rev 1/89

6200, 33

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE CONCENT. UNIXOURN AND UNIXOUS CONTINUED BY THE STATE OF THE STA
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAD		NTAL HYGIEN			1000
	1. DECEDENT'S NAME (First, Middle, Las	t)			2.	DATE OF DEATH		3.	TIME OF DEATH
	ARLOINE	M •	1	MANDRIN		04	10	EAR 92	05:30 PMM
	4. SOCIAL SECURITY NUMBER					DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
	210-36-2346		85 YRS.			08 09	06		YORK
Œ	90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE  A A COUNTY								
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN				BURNIE				COUNTY
E			OWN OR LOCATION					d. INSIDE CITY LIMITS?	
	MARYLAND  100. STREET AND NUMBER	ANNE ARUNDE	ь	GLEN 101, ZIP	BURNIE		10a CITIZE		T COUNTRY?
FUNERAL	1002 NANCY RO	AD			1061			.S.F	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS DECENDE	ENT OF HISPANIC O	RIGIN? (Specify Yea			American Indian.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIYE WAR OR D		1 TYES 2	Cuben, Mexican, Pu NO Specify:	erro Hican, etc.)		Specific	
	15. DECEDENT'S ED	DUCATION	18s. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUS	INFSS/INDIES		VHITE
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of	working	TOOL KIND OF BOO		1111	
릴	12	0_	HOUS	EWIFE		HOI	MEMAK	ER	
8	17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NAME (	First, Middle, Malden	Sumame)		
B		H. FELKER			MABEL				
2	JOHN J. MANDR	TNI		DRESS (Street and N					061
			PLACE AND DATE OF C	ANCY RO			CATION - City		
	20s. METHOD OF DISPOSITION      Burial 2   Cremation 3   Record   Control	movel from State	netery, cremetory or other LEN HAVE	N CEMET	1	/13 GLI			
	21. SIGNATURE OF PUNERAL SERVICE I	JCENSEE /	1	22. NAME AND A	DDRESS OF FACILIT	Υ			
	· Dan	Ld. Lou	man	426 CR	D C. FI AIN HWY	NK FUNI	ERAL E	HOME URNI	E 21061
	23. PART I. Enter the diseases, or shock or heart fellure	complications that caused. List only one cause on e	the death. Do not	enter tha mode o	of dying, such as	cardiac or reaple	ratory arreal	I,	Approximate
	IMMEDIATE CAUSE (Final			/	10				Onset and Death
	disease or condition resulting in death)	· mul	CONSEQUENCE OF:	an fo	a luce				
-		QUE TO (OR AS I	- CALM	mal C	GIL no	meter	es		t I
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	119 0	2101/101	110/010			
S	cause, Enter UNDERLYING CAUSE (Disease or Injury	C		-					
쁘	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
GE		d							
¥.	PART II. Other significent condition	one contributing to deeth b	ut not resulting in t	he underlying ce	use given in Part	I. 24a, WAS AN A			RE AUTOPSY FINDINGS
Sign						1 TYES 2	KNO	CO	MPLETION OF CAUSE DEATH?
×								1 (	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1		40 Pt 400					N/A
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	entient 3 DOA 4	THER:  Nursing Home 5	OF DEATH (Check of				
ᅔ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY		DESCRIBE HOW IN	JURY OCCUR	ED	
ВУ	Natural 5 Pending 2 Accident Investigation		INJUNI	M 1 YES	2 NO				
ED	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,
Ē									
COMPLET	(Check only CERTIFYING PHY	SICIAN: To the best of my know							
8	296 SIGNATURE AND TITLE OF CENTIFI	NER: On the leasts of examination	n and/or investigation, in			data and place, and	d due to the ci	inse(s) su	d manner as atated.
BE	and the state of t	1111	141/4		17694		29d. DATE SI	GNEO (M)	Mr. Day West
유	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	mr)				14	172
	SANG K. HAN, N			, SW #40	6/GLEN BI	URNIE, M	ARYLAN	D 21	061
	APR 13 1992	32. REGISTRAR'S SIGN	andere						

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22 P T E

IDOL:

Andrew Control of the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the historian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND		GIENE	10001	
	1. DECEDENT'S NAME (First, Middle, Lest)	WINNO-JEANN				2. DATE OF DO	1/110/0	2 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-14-4945  9a. FACILITY NAME (If not institution, give s	1 - M 2 X F	(In yrs. lest birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		7-18	BIRTHPLACE (State or Foreign Country)	
TOR	Stella Maris Hos			11-	96. CITY, TOWN OR LOCATION OF DEATH TOWSON			y of DEATH timore	
- DIRECTOR	MARYLAND BALT	RYLAND BALTIMORE			TOWH OR LOCATION  CATONSVILLE			10d. INSIDE CITY LIMITS?  1 YES XX NO	
FUNERAL	100. STREET AND NUMBER  200 MT. DESALES	LES ROAD			1. ZIP CODE 21229			10g. CITIZEN OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 X Xerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 V NO ATES	If yes, sp	CENDENT OF HISP pecify Cuben, Mexic 3 2 X NO Spec	en, Puerto Rican,	clfy Yes or No.— 1		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+) 2	16a. DECEDENT'S (Give kind of w life. Do NOT us.  L. P. N	vork done during mo e retired.)	ON ost of working		OF BUSINESS/INDUS		
SE COMPL	17. FATHER'S NAME (First, Middle, Lest)  WALTER FITZGE		B. I. K	•	18. MOTHER'S N	AME (First, Middle,		E	
TO B	19a, INFORMANT'S NAME (Type/Print)  LYNNE DUVALL	(DAUGHTER)			ROAD, TI		Y or Town, State, Zip Co	21093	
	20a. METHOD OF DISPOSITION  XXSuriel 2	206	PLACE AND DATEO	F DISPOSITION (No	ame of		20c. LOCATION — Cit		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Ste s	1	LEROY 1630 F	M. & RU	SSELL C.	WITZKE	FUNERAL HOMES	
CERTIFICATION	23. PART I. Enter the diseases, or a shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ech ilne.	ot enter the mo	ode of dying, su	ch aa cardlec o	r reapiratory arrea	t, Approximata interval Between Onset and Death	
PHYSICIAN: MEDICAL CI	PART II. Other algnificent condition	a contributing to death b	ut not resulting is	n the underlying	g ceuse given ir	F	MAS AN AUTOPSY ERFORMED? YES 2 \( \square\) NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Outp	etlent 3 🗆 DOA	OTHER:	ACE OF OEATH (C		Hospice		
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ JRY WO	URY AT		HOW INJURY OCCUP		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined    28e. PLACE OF INJURY — At home, farm, street, factory, office    4 Homicide determined    28e. PLACE OF INJURY — At home, farm, street, factory, office    28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSIC 2 🗌 MEDICAL EXAMINER	CIAN: To the best of my knowl	edge, death occurred	d at the time, date	and place, and du	to the cause(a) a	nd manner as stated,	ause(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  ALL  30. NAME AND ADDRESS OF PERSON WHO	aletan COMPLETED CAUSE OF DE	deri	O Print)	29c. LICENSE NU D 27087	MBER	29d. DATE SI	IGNEO (Month, Dey, Year)	
	Carla S. Alexande	32. REGISTRAR'S SIGNA	ATURE	Hospic	e-Dulane	ey Valle	y RdTow	vson 21204	
	APR 1 3 1992 4	ula Davidson Pa	ndelle						



1800, 30

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEXAL UNEXOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit perm	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if them 28 is marked or them 23 shows any injury or other traumatic event the medical eventuals as assetted or over-
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-	1 - FOR STATE REGISTRARA K.A. WAI	STATE OF MA	ARYLAND / DE	PARTMENT TIFICATE	OF HEALT	H AND M	ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		YSLAW		OWSKI		2. DATE OF DEATH AMONTH 9,	1992	year 9:00 A. M
	4. SOCIAL SECURITY NUMBER 214-20-4410	1 📉 📉 2 🗆 F	8. AGE (In yrs. lest birth	RS. MONTHS	1 YEAR IF UND DAYS HOURS	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) FEB. 18,1		BIRTHPLACE (State or Foreign Country) POLAND
OR	90. FACILITY NAME (If not institution, give s ST. AGNES HOSPIT			9b, CITY	9b. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	- CITY TOWN O	O LOCATION				10d, INSIDE CITY		
	MARYLAND HOWARD  100. STREET AND NUMBER				ELLICOTT CITY				
FUNERAL	9256 MAPLE ROCK	DRIVE			10f. ZIP CO	21042		77	EN OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. 1	MAS DECENDENT	OF HISPANIC	ORIGIN? (Specify Yes		J. S. A.  4. RACE — American Indian,
8	1 Never Married 2 XXMarried 3 Widowed 4 Divorced	IF YES, GIVE WA	XIXES 2 NO	1 1	f yes, specify Cu	ban, Mexican,	Puerto Rican, etc.)		Specify: WHITE
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed)  College (1-4 or 5+)	(Give kir. life. Do N	ent's usual oo nd of work done o NOT use retired.)	luring most of wor	rking	NATIONA SHIPPI	L MER	STRY Union ITIME UNION
00	17. FATHER'S NAME (First, Middle, Leet)				18. MC	THER'S NAME	(First, Middle, Maiden	Sumame)	
BE		MYSZKOWSK				FRANC		GOGUI	
1	19a. INFORMANT'S NAME (Type/Prim) KRYSTYNA MYSZKO		LFE) 925	56 MAPL	E ROCK		ELLIC		TY, MD. 21042
	20a, METHOD OF DISPOSITION  1  Burial 2/LACremation 3 Remote 4 Donation 6 Other (Specify)	oval from State	METRO CT			1.11	1		ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	///	22.1	NAME AND ADDE	RESS OF FACIL	JTY		FUNERAL HOMES
	E Co.	With	e A	55	55 TWIN	KNOLI	S ROAD, CO	OLUMBI	A. MD. 21045
	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
	disease or condition	witer	rioscle	viote					Interval Between
ATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (C	rioscle	viote					Interval Between
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions,	DUE TO (C	THO SELECTION AS A CONSEQUENCE	CE OF):					Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (C	OR AS A CONSEQUENCE	CE OF):	can	deor	rasculo	ordi	Interval Between Onset and Death
i	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSEQUENCE	CE OF):	can	deor	TCLS CLLCG	AUTOPSY MED?	Interval Between Onset and Death  Case  24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
i	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (C	OR AS A CONSEQUENCE	CE OF):	can	deor	TELS ELL CO	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (C	OR AS A CONSEQUENCE	CE OF):	can	deor	TCLS CLLCG	AUTOPSY MED?	Interval Between Onset and Death Scare  24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (C	OR AS A CONSEQUENCE	CE OF):  CE OF):  Iling in the un	derlying couse	deor	ort I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	DUE TO (C. DUE TO (C.	DR AS A CONSEQUENCE  DR AS A C	CE OF):  CE OF):  CE OF):  OTHER OA   OTHER	derlying couse	e given in Pa  DEATH (Check	PTC I. 24e. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	Interval Between Onset and Death  2 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending	DUE TO (C	OR AS A CONSEQUENCE OR AS	CE OF): CE OF): CE OF): OTHER	derlying couse  26. PLACE OF Ing Home 5	DEATH (Check	ert I. 24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	Interval Between Onset and Death  2 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF OBATH	DUE TO (C. DUE TO (C.	OR AS A CONSEQUENCE OR AS	CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  CE OF):	26. PLACE OF 1: Ing Nome 5 1 200. INJURY 1 1 YES 2	DEATH (Check	PTC I. 24e. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  Contributing to d  Contributing to d  DUE TO (C)  DUE	OR AS A CONSEQUENCE OR AS	CE OF):  CE	derlying ceuse  28. PLACE OF  Ing Home 5   28c. INJURY AT WORKY 1   YES 2  Ary, office	DEATH (Check Rasidence 6 2 No 2 ca, and due to	art I. 24s. WAS AN PERFOR 1 YES 2  Conly one) Other (Specify)  8d. DESCRIBE HOW IF  8f. LOCATION (Street a City or Yown, State)	AUTOPSY MED?  JAO  NJURY OCCUI	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (C) DUE TO (C)	OR AS A CONSEQUENCE OR AS	CE OF):  CE	28. PLACE OF: :: :: :: :: :: :: :: :: :: :: :: :: :	DEATH (Check Rasidence 6 2 No 2 ca, and due to	art I. 24a. WAS AN PERFOR 1 YES 2  conly one)  Other (Specify)  8d. DESCRIBE HOW IN City or Town, State)  the cause(a) and manne, data and place, and	AUTOPSY MED?  NJURY OCCUI  and Number or  oner as stated.  d due to the c	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  RED  Rural Route Number,  cause(a) and manner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)  a contributing to d  DUE TO (C)	DR AS A CONSEQUENCE  OR AS A C	CE OF):  CE	26. PLACE OF  28. PLACE OF  28c. INJURY AT WORK?  1 VES 2  Any, office  29c. UI DO  20c. UI DO  20c. U	DEATH (Check Rasidence 6   2   2   2   2   2   2   2   2   2	art I. 24a. WAS AN PERFOR 1 VES 2  conly one) Other (Specify) 8d. DESCRIBE HOW IN 8f. LOCATION (Street a City or Town, State) The cause(a) and manne, data and place, and	AUTOPSY MED?  JAO  NJURY OCCUI  Ind Number or  29d. DATE S  J	Interval Between Onset and Death  24b. Were Autopsy Findings Available Priori To Completion of Cause DF DEATH?  1 Yes 2 No  RED  Rural Route Number,  cause(e) and manner as stated,  HIGNED (Month, Day, Year)  7 9 7 2



The state of the s

	TO DE COMBIETER DO BUCCIOLAN, MICHOLOGO CONTROLOGO
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
le funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND I	MENTAL HYGIEN		92 1008
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ISOLINE M.				April 8,1	992	10:42 P.MM
	219-16-2931	5. SEX 6. AGE (1	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) Oct. 22, 1	905	BIRTHPLACE (State or Foreign Country) New York
	9a. FACILITY NAME (# not institution, give s			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
OR	Bel Forest N. H						ford	
ECT	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	7	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY
DIRECTOR	Maryland	Harford			Bel A	ir		LIMITS?
IAL	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
NER		Marywood Dr.			210			J.S.A.
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	pecify Cuban, Mexice	IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No 14	. RACE — American Indian, Black, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES/	1 TYE	S 2 NO Specify	r.		Spec/ly: White
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	vork done during n	ON ost of working	16b. KINO OF BUS	SINESS/INDUS	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT us			Home		
MO	8 VIS.  17. FATHER'S NAME (First, Middle, Last)		House	WITE	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumamal	
BE C		Tony A. Mille	er			elica	Mess	ini
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
	Della Funk 200. METHOD OF DISPOSITION					el Air, Mo		
	1 Burial 2 Cremation 3 Rem-	oval from State ceme	PLACE AND DATE Of the story, cremetery or of Gardens	ther place)		1		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	Sardens	22. NAME A	ND ADDRESS OF FAC	CILITY		
	. E. J. Zasa	ohn		1175	Belair	Rd. Kingsv	issahn	Funeral Home
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on as	the deeth. Do n					, Approximats
	IMMEDIATE CAUSE (Fine)					,		Interval Between Onset and Death
	resulting in death)	a. Con	les per	linon	y ar	rest		
z		DOE TO (OR AS A	CONSCOUENCE OF	·):	0			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	7:				
5	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF					
E	resulting in death) LAST	1.		,-				
	PART II. Other eignificant condition	s contributing to deeth by	ut not resulting l	n the underlyin	a cause alven in l	Part I. 24s, WAS AN	ALITORAL	
CA	CYA			. the enderly	g cause given in	PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
WED	D.M.					1 YES 2	□ NO	OF DEATH?
Ä								
ICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Che	ick only one)		
PHYSICIAN: MEDICAL	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	tilent 3 DOA DOA	4 Nursing Hor	NO 6 Residence	6 Other (Specify) 26d. DESCRIBE HOW IN	I II IPV OCCUP	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY W	YES 2 NO	200. DESCRIBE HOW IN	IJUNY OCCUR	EU
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, stc. (Specia	— At home, ferm, a	treat, fectory, offic	•	26f. LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,
	4 Homicide determined							
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of my knowle	edge, death occurre	d at the time, date	and piece, and dua	to the cause(s) end man	ner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examination	end/or Investigation	n, in my opinion, o				
BE	Daws 05	70-			D322			ONED (Morith, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	0)44	, .	//	111/2
			131 Bela					
	31. DATE FILED (Month, Day, -Year)	32. REGISTRAR'S SIGHA	vidson Ran	della				
	APP 131	982 guille	.,,	, 1				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft nermit is page 1.2 serval
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 67 MD 96. CITY, TOWN OR LOCATION OF DEATH BALTO DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MD 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 223 S. DALLAS CT. 21231 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: BLACK 3XXWIdowed 4 Olvorced BY 1 TES 2X YNO Specify COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOSEPH CHASE MARY AGNES SMITH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FELICIA WOODLAND 829 E. BELVEDERE AVE. 2nd FL./BALTO., MD 21212 20e. METHOD OF OISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Burial 2 Cremation 3 Removal from State

Donetion 5 Other (Specify) cemetery, crematory or other place)
KING MEMORIAL PARK RANDALLSTOWN. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated evente resulting in death) LAST PART II. Other algnificent conditione contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Residence 6 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide ETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, end due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and m 29b. SIGNATURE AND TITLE OF CERTIFIER BE 8: ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3



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APR 1 3 1992

32. REGISTRAR'S SIGNATURE

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Therese Convent X 21-1-1-1-1-1 Swell as a common Contact frage Also

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Tems 1 - FOR STATE 4/15/92 CONTROL OF THE STATE 4/15/92 CONTROL OF THE STATE OF THE	90	CE	KIII	ICATE O	PUEA	ın	-	REG. NO	),		1008
NELSON OLIVER							2. DATE OF MONTH	DEATH 07	19	9ZAR	3. TIME OF DEATH 2:17 A
4. SOCIAL SECURITY NUMBER  2/7-54-375  9e. FACILITY NAME (If not institution, give	5. SEX  1 M 2 F	6. AGE (In yrs. lest I	birthday) YRS.	MONTHS DAYS	HOURS	MIN,	7. DATE OF (Month, I	Day, Year)	70	BA	APLACE (State or Foreign)  2/16 Md
FRANKLIN SQUARE HOSPITAL				96. CITY, TOWN OR LOCATION OF DEATH ROSSVILLE				9c. COUNTY OF DE BALTIMORE			
10a. STATE 10b. COUNTY				BALTIMARE				city			10d, INSIDE CITY LIMITS? 1 YES 2 NO
24/3 DRU	d Hil	1 AVC		1	2/5	2/7	1		10g. CITI	LS	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARM I YES 2 NO MAR OR DATES	· · · · · ·	If yes, i	S 2 NO	ın, Mexicai	IIC ORIGIN? ( n, Puerte Ric	Specify Yes	s or No—	14. RACE Black	E — American Indian, k, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	(Give		vork done during repetited.)		ng	16b, K	IND OF BU	SINESS/IND	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)  UNDERSO	wed				18. MOT	et/	HE (First, Mid	die, Meiden	Symama)	MA	N
Phyllis HA	RCUM	21	MAILIND 413	DRUIC	A HI	OF AUTOUR	SC.	City or Ton	oc M	L2	1217
20e. METHOD OF DISPOSITION 1. Burlai 2 Cremation 3 Rer 4 Donation 5 Other (Specify)		gametery, cremi			Name of		DATE 40-9	20c. LO	CATION -	City or To	wn, State
21. SIGNATURE OF FUNERAL SERVICE L	CENSEF										
W. Bro	con			Wm	C. L	Brow	on FI	H I			north a
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	it coused the deat use on each line.	nd	ot enter the r	C. L	Brosco Ing, such	M F				Approximate Interval Betw
IMMEDIATE CAUSE (Final disease or condition	complications the List only one cast  a. Nar  DUE TO  b. DUE TO	cotic a	nd DENCE OF	Cocain	C. L	Brosco Ing, such	M F				Approximate Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Nar DUE TO  DUE TO  d. DUE TO	COTIC A (OR AS A CONSEDU	nd  DENCE OF	Cocain	ode of dy	Brown Ing, such	n aa cerdla	on.	iratory arr	rest,	Approximate Interval Betwoonset and Donest a
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Nar DUE TO  DUE TO  d. DUE TO	COTIC A (OR AS A CONSEDU	nd  DENCE OF	Cocain	C. I	Downing, such	Part I. 2	on.	AUTOPSY	rest,	Approximate Interval Betwood Onset and Doublet and Dou
Shock, or near reliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Nar  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO	COTIC A (OR AS A CONSEDU	PENCE OF	Cocain	node of dy	given in i	Part I. 2	ia. WAS AN PERFOR	AUTOPSY	rest,	Approximate Interval Betw Onset and D Onse
SHOCK, Or Heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	Complications the List only one cau  a. Nar  DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpattent 20  280. DATE (Month, D	COTIC A (OR AS A CONSEDU (OR AS A CONSEDU (DR AS A CONSEDU death but not red	JENCE OF Suiting I	Cocain  Cocain	node of dy	given in t	Part I. 2.  ck only one)  6 Other (\$200. DESCRIPTION	Ia. WAS AN PERFOR	AUTOPSY **MED?	24b.	Approximate Interval Betwoonset and Donest a
SHOCK, Or heart reliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural Pandling.	Complications the List only one case  a. Nar  DUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CONSEDU  (OR AS A CON	JENCE OF  JENCE OF  Sulting I	OTHER: 4   Nursing Ho	PLACE OF D  TORKY  TORK	given in t	Part I. 2.  ck only one)  B Other (S  20d. DESCR  Undown	Ia. WAS AN PERFOR	AUTOPSY AMED?	24b.	Approximate Interval Betwoonset and Donest a
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural Pending resulting in death in Netural Pending resulting in death in Netural Pending resulting in death in Netural Pending resulting in death in Netural Pending resulting in Netural Pending resultin	CONCENTRAL:  1 DUE TO  B. DUE TO  C. DUE TO  d	(OR AS A CONSEDU  (OR AS A CON	DOA DOA THIM FOUND IN THE PROPERTY OF THE PROP	ot enter the m  Cocain  The company of the underlying the underlying the company of the underlying the company of the underlying the company of the underlying the underlyi	ng ceuse	given in i	Part I. 2.  ck only one)  B Other (S 20d. DESCR Und 20f. LOCATI City or Ball	La. WAS AN PERFOR VES 2	AUTOPSY MMED?  B   NO  NJURY OCC mine and Number re,	24b.	Approximate Interval Betwood Onset and Doublet and Dou
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural Pending resulting in death in Natural Pending resulting in death in Natural Pending resulting in death in Natural Pending resulting in death in Natural Pending Resulting in Natural Pending Resultin	Complications the List only one cast a. Nar DUE TO b. DUE TO c. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. D. D. D. D. D. D. D. D. D. D. D. D.	(OR AS A CONSEDU  (OR AS A CON	JENCE OF JENCE OF Sulting I	ot enter the m  Cocaim  The management of the underlying the underlying hot part of the underlying hot	rig couse of the state of the s	given in i	Part I. 2.  ck only one)  B Other (S  20d. DESCR  Undown Chy or i  Bal:	La. WAS AN PERFOR VES 2	AUTOPSY MED?  I NO  NJURY OCC  MI NO  NJURY OCC	24b.  24b.  CURED  or Rural R  Md.  ed.  e cause(e)	Approximate Interval Betwonset and Donaet an

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest). HERSEL ELMER OTT			2. DATE OF DEATH DAY	9 3. TIME OF DEATH 9 3. O9 30 A M					
	232-09-5590 11 № 2 🗆 F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 19, 1914	a. BIRTHPLACE (State or Foreign Country) WEST VIRGINIA					
TOR	9a. FACILITY NAME (If not institution, give street and number)  ST. AGNES HOSPITAL  BALTIMORE  RESIDENCE OF DECEDENT									
DIRECTOR	106. STATE 106. COUNTY MARYLAND	10c, CITY,	TOWN OR LOCATION BALTIMORE		10d, INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER		101. ZIP CODE	10g. C	1 X YES 2 NO CITIZEN OF WHAT COUNTRY?					
FUNERAL	1502 WILMINGTON AVENUE  11. MARITAL STATUS  12. WAS DECEDENT E	VER IN U.S. ARMED	21230	IC ODICING (Paretty Version No.	U.S.A.					
B≺	1 Never Married 2 Merried FORCES? 1 TF YES, GIVE WAR	YES 2 NO	If yes, specify Cuben, Mexicar  1 YES 2 NO Specify	n, Puerto Rican, atc.)	Black, White, atc.  Specify: WHITE					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during most of working	16b. KIND OF BUSINESS/	INDUSTRY					
COMPLETED	Srd GRADE College (1-4 or 5+)		OUSEMAN	FEED GRAI	IN					
	17. FATHER'S NAME (First, Middle, Last)  ROBERT OTT			WE (First, Middle, Melden Surneme	)					
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AL	MARY  DDRESS (Street and Number or Rural R		Z(p Code)					
2	CHARLOTTE B. OTT	1502 W	ILMINGTON AVENU	E-BALTIMORE,	MD. 21230					
	20e, METHOD OF DISPOSITION 1 (XBurlet 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF Cemetery, crematory or other GRAVE RUN	CEMETERY	4/13 HAMPST	City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AND ADDRESS OF FAC HUBBARD FUNERA 4107 WILKENS A	L HOME INC.	RE. MD. 21229					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	on each ilne.	enter the mode of dying, such	as cardlec or respiratory	Approximate Interval Between Onset and Death  2 days  1 day.  2 days.					
DICAL	PART II. Other algnificant conditions contributing to de-	eth but not resulting in	the underlying cause given in i	PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE					
PHYSICIAN: MEDI				1 TYES 2 NO	OF DEATH? 1 □ YES 2 M NO					
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF OEATH (Che	ck only one)						
IXSI	1 YES 2 NO 1 Shipstlent 2 EF	/Outpatient 3 DOA 4	THER:  Nursing Home 5 Residence							
ВУ РР	1 Netural 5 Pending (Month, Day, 1) 2 Accident Investigation		PF 28c. INJURY AT WORK?  M 1 YES 2 NO	284. DESCRIBE HOW INJURY (	CCUREO					
	3 Suicide 6 Could not be determined 28s. PLACE OF IN building, stc.	JURY — At home, ferm, atre (Specify)	et, factory, office	281. LOCATION (Street end Numi City or Town, State)	ber or Rural Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of exam									
BE	290. SIMANURE AND TITLE OF CERTIFIER		29c. LICENSE NUM		ATE SIGNED (Month, Day, Year) AJ-10-92.					
2	DR. MARROPHILIPOS - 900		ENUE - BALTIMORI	7 MD 21220						
	31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S  APR 13 1992		BALL SALL INOKI	2, FID. 21229						
السب										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

4, 248193.

בייווויסחב, וויסווויסה	ifter death. Page 6 may be retained by the hos	/ the funeral director, page 5 should be detached towal.	cal examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within: Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detach to filed within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIENE REG. NO.		1000	
	1. OECEOENT'S NAME (First, Middle, Last)	TOHN JOHN		MROFF 20FF		2. DATE OF OEATH MONTH DAY	u 92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217 14 5345	5. SEX 1 M 2 F	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH	L925 0. BIF	ATHPLACE (State or Foreign	
OR	9a. FACILITY NAME (if not institution, give str 9 Buttercup I					ec. county of oeath Baltimore			
DIRECTOR	10a. STATE 10b. COUNTY Balt	timore	10c. CIT	y, town or Loc Middle	River			10d. INSIDE CITY LIMITS? 1 YES 2 KNO	
	10a. STREET ANO NUMBER			1	Of. ZIP COOE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	9 Buttercup La	ine			21220		U	SA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DAT	2 NO	If yes, i	CENOENT OF HISPAN pecify Cuban, Maxican S 2 10 NO Specify		80	ACE — American Indian, lack, Whita, atc. pocify: White	
COMPLETED	15. OECEOENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. OECEOENT'S (Give kind of life. Do NOT us	usual occupativork done during resemblined.	ost of working	16b. KINO OF BUS		truction	
	17. FATHER'S NAME (First, Middle Leet) Po	omroff			18. MOTHER'S NA	VE (First, Middle, Malden S La Durdyes	Surrage) S <b>ki</b>		
TO BE	19a. INEORMANT'S NAME (Type/Print) Violet L. Pomre	off, Wife	19b MAILING	APORESS (Street	and Number or Rural E Lane	Baltimore,	MD 2212	20	
	20a, METHOO OF DISPOSITION  1	oval from State	PLACE OF DISPO	nt Crem	atory 4	/13/92 200 LLOG	ation — city or Ltimore	Town, Stata	
	21 MIGHATURE OF FUNERAL SERVICE LIC	Burly	inhi			Funeral Hon Ave. Ba		MD 21221	
CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A OUE TO (OR AS	Licted CONSEQUENCE OF	F):	twomo	of Lead		Interval Between Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	a contributing to death bu	it not resulting	In tha underly	ng csuse given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (Ch	ock only one)			
YSI(	YES 2 NO	HOSPITAL: 1 ☐ Inputient 2 ☐ ER/Output			me 5 Residence				
B	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. DATE OF INJURY Month, Day, Year)  28a. PLACE OF INJURY building, atc. (Special	At home, ferm,	JURY 1	NJURY AT YORK?  YES 2 NO	281. LOCATION (Street a City or Town, State)	flutic		
COMPLETED	(or work or it)	CIAN: To the best of my knowle	odge, death occur			to the cause(a) and man	ner as stated.	MD. 21220	
S 00 00		R: On the basis of examination	and/or investigati	on, in my opinion	7				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIEF	-, M.D.			29c. LICENSE NUM	7632	DATE SIGN	NEO (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	N, M.D.,	2112		LLE AVE.	BALTO	., nD	. 21222	
	31. OATE FILED (Month, Day, -16ar)	32. REGISTRAR'S SIGNA	an Al	PR 131	992 Ju	ha Davidson-A	andre		

## TEGRAL HIOL HILLS

217 1- 53-5 x 56 Nov. I 18-5 arg arg suttarroup Lane Riddle River Riddle River Rillard River River Riddle River River Riddle River River Riddle River River Riddle River

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FOR STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Last)

- 1	ELEASE PERKINS LATE OF DEATH ON GEAR OF THE ATT	930 AH							
ror	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month), Day, Year) Country) 8. BIRTHPLAC Country)	E (State or Foreign							
	SO, FACILITY NAME (If not institution, give street and number)  SINA! HOSPITAL OF BALTIMORE BACTIMORE CITY  So. COUNTY OF DEATH								
DIRECTOR	CALTISADDE CON	INSIDE CITY							
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								
FUNERAL	3603 GLEN GYLE AVE. 21215 U.S.  11. MARITAL STATUS  12. WAS DECEMBENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Vin or No. 14 BACE.)								
BY	11. MARITAL STATUS 1								
ETEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. NOT use retired.)								
COMPLETED	Cook								
BE	17. FATHER'S NAME (First, Middle, Leet)  MARY BYNUM								
5	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)  21215  DOROTHY MARCH  3603 GLENGYLE AVE. APT. F7 BAILD INC.								
	20a. METHOD OF DISPOSITION  1 D Burlal 2 Cremation 3 Removal from State  20b. PLACEAND DATE Of DISPOSITION (Name of Commence)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MARCH FUNERAL HOME-WEST								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest,	Approximate							
	disease or condition a. MASSIVE STROKE.	Interval Batween Onset and Death							
Z	DUE TO (OR AS A CONSEQUENCE OF):								
ATIC	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING								
O 11	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST								
RTIFIC									
AL CERTIFICATION	PART ii. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE	E AUTOPSY FINDINGS							
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.    DDM   24a, WAS AN AUTOPSY PERFORMED?   AWAIL COMMITTEE   AWAIL COMMITT	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH?							
: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    DDM	ABLE PRIOR TO PLETION OF CAUSE							
: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    DDM	ABLE PRIOR TO PLETION OF CAUSE EATH?							
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    DDM	ABLE PRIOR TO PLETION OF CAUSE EATH?							
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    DDM	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2   NO							
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   PART II. Other algnificent conditions contributions and leaves an	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2   NO							
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.    D D M	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2   NO							
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMAIL.  COMM OF DI  1	ABLE PRIOR TO PLETION OF CAUSE EATH?  YES 2   NO  Number,  manner as stated.							
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.	ABLE PRIOR TO PLETION OF CAUSE EATH?  YES 2   NO  Number,  manner as stated.  7, Day, Year)							



19 1 3 19 Control of the state

Î	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dest. of Health and Mental Hydrene prior to burial command.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	CIA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Deat, of Health and Mental Hydlene prior to burial cremanion, or removal	0
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH DAY MONTH

	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				TIME OF DEATH		
	DIKLENA PETERSON						APRI			- 1 11 1000			10:00 AM	
DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. let						24 HRS.	7 DATE OF BURTH 6			6. BIRTHPLA	CE (Stete or Foreign		
	214-22-6306	219-52-6206 10M2 XF 83			YRS. MONTHS DAYS HOURS M			MIN.	April 28.1908			8/ Ca	County South	
	9e. FACILITY NAME (If not institution, give s	Ollinson Marie			-	TOWN C	OR LOCATI	ON OF OE	ATH	3-	9c. COUNT	Y OF DEAT	н	
	RESIDENCE OF DECEDENT	DITAL CO	RPOR	TION	I	241	-11	MOI	BE	-114	n	one		
EC	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OF	R LOCAT	ION			-		100	1. INSIDE CITY	
E I	Md. non	le	_ X	Baltimore Ci				ity /			10	LIMITS?		
AL	10e. STREET AND NUMBER			10f. ZĪP CODE				E O T	10g. CITIZEN				OF WHAT COUNTRY?	
FUNERAL	209 N. Spring Court			2123				Unite			ed S	tates		
5	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES TO			ARMED 13. WAS DECENDENT OF HIS NO If yes, specify Cuban, Me				OF HISPAN	PANIC ORIGIN? (Specify Yes or No.— 14.			I4. RACE — Black, W	RACE — American Indian, Black, White, etc.	
BY	3 Widowed 4 Divorced	DATES	1 TYES 2 NO Spec					offy: S <sub>k</sub>				roid		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE0	CEDENT'S	USUAL OC	CUPATIO	ON et of working	20	16b. KIN	D OF BUS	NESS/INDU		2 0 2 0	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo.	Give kind of work done during most of working to bo NOT use natived.) Housewife					no	20.0				
MP	Grade 5	none	11	ous	E MIT	Е								
BE CO	17. FATHER'S NAME (First, Middle, Last) Willie A	lack		18. MOTHER'S NAME Nellie										
TO B	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number, C	ity or Town	State, Zip C	Code)		
-	Rudolph Peters			-				T. T. A. 6	Balt					
	20e, METHOD OF DISPOSITION  1  Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	ob. PLACEA ametery, cren	Wales	of Disposit ther place! Vary	Ce		4/14	1/92			ty or Town, unde	1 Co, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC		(	7			D ADDRE			- T		- 1 U	a m c	
	· Cahin B.	- 11	> ×	Sr.	1	412	E.	Pre	Scruge eston	St.	Bal	to.M	d. 21213	
	23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CCCTR OUE TO (OR AS	eech line.										Approximate interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
	PART II. Other aignificent condition	a contributing to death	but not re	aulting	In the und	lectules		aluen In	Port I ou	W-0 444	//TOBOU			
: MEDICAL			ntributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 HO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2											
NA I	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)													
Sic	EXAMINER?	HOSPITAL: OTHER:							idence 6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	,	26b. TIM		28c. INJ	URY AT		26d. DESCRIB		JURY OCCU	REO		
BYF	1 Natural 5 Pending 2 Accident Investigation	(month, bey, reer)		1143	M		RK7 'ES 2	] NO						
SIII.	3 Suicide 6 Could not be determined	ome, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED		CIAN: To the best of my kno												
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as state  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER													
8	DAVID O. NYAN TON NO					29c. LICENSE NUMBER 29d. DATE SIGNED (Mc					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
2	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	DAVID O. NYANJEM MI 150 N BROADWAY BAUTIMORE MIS 21231								21231					
	ΔPR 1 3 1992 9	. 32. REGISTRAR'S SY	Drouge.	•										



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SER I LAGE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEA	TH	REG. NO		Вна	10000	
	1. DECEDENT'S NAME (First, Middle, Last	)						2. DATE OF DEATH		3	. TIME OF DEATH	_
OR	GEORGE AMBROS QUEEN							April 11	YEAR 2	4:50 a	M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDE		7. DATE OF BIRTH			ACE (State or Foreign	_
	577-60-5705	1 🙀 M 2 🗌 F	73	YRS.	MONTHS DAYS	HOURS	MIN.	(Morith, Day, Year) 2/28/19		Mars	yland	
	Se. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN	OR LOCATI	ON OF DE		9c. COUN	TY OF DEA		_
	Doctors Communi	ty Hospit	al		La	nham			Pri	ace G	eorge's	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN											
E	Tasiliane I Normani	1.			Y, TOWN OR LOCA	TION				- 1	Od. INSIDE CITY LIMITS?	
2	Md. Pri	ndover				1						
FUNERAL	2006 Virgi	10	f. ZIP COD	_				AT COUHTRY?				
Ä	11. MARITAL STATUS	_								U.S.A.		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1 X YES 2 HO IF YES, GIVE WAR OR DATES					ecify Cube		C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No —	14. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DEC	EDENT'S	USUAL OCCUPATION	ON		16b. KIHD OF BUS	SIHESS/IHDL	JSTRY		_
4	Elementary/Secondary (0-12)	College (1-4 or 8	May 1	Do NOT u	work done during mo se retired.)	ost of worki	ng					
M M	7th		Н	ouse	ekeepin	g		G	over	nmen	it	
8	17. FATHER'B NAME (First, Middle, Last)					18. MOTHER'S NAME (First, Middle, Maiden St						_
BE		T. Queer						nes Savo				
70	Caroline Colb	ert	19b.	MAILING Same	a ADDRESS (Street of	10 a	or Rural Ro	oute Number, City or Tow.	n, State, Zip	Code)		
	20e METHOD OF DISPOSITION t ☐ Burlel 2 ☐ Cremation 3 ☐ Ret 4 ☐ Donation 6 ☐ Other (Specify)	noval from State	20b. PLACE AN	atory or o	of disposition (No	ame of	4/15 Com	92E 20c. LO Che	cation - c		Md .	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Yany W. Gratt H.S. Washington & Sons, Inc. 4925 Burroughs Ave. N.E.											
	23. PART I. Enter the diseases, or shock, or heart feliure	complications the	t coused the dea	th. Do r	not enter the mo	de of dy	ing, such	as cerdiac or respi	ratory arre	at,	Approximate	
	IMMEDIATE CAUSE (Final	4.0									Interval Between Onset and Dast	
	disease or condition resulting in death)	Add	end car	cin	oma	M.	eta!	static				
Ì		OUE TO	(DR AS A CONSEQU	JEHCE O	F):							
NO.	Sequentially list conditions,	Sequentially list conditions. 6 b.										
A	oue to (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING											
유	CAUSE (Disease or Injury that initiated events	C	(OR AS A COHSEQU	JENCE O	F)·							
E	resulting in death) LAST				,						İ	
CERTIFICATION		d									1	_
	PART II. Other algnificant condition	ne contributing to	deeth but not re-	suiting	In the underlyin	g cause (	given in P	Part I. 24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS	5
DICAL	1  YES								7.00	C	OMPLETION OF CAUSE F DEATH?	
ME	7									YES 2 HO		
ż												
S	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPIEC:  OTHER STATES OF SEATH (Check only one)										_	
S	EXAMINER?  1 YES 2 400  HOSPITEL:  1 Ampatient 2 ER/Oulpstient 3 DOA  4 Hursing Home 5 Residence 6 Other (Specify)											
PHYSICIAN: ME	27. MAHNER OF DEATH	26e. DATE OF (Month, Di		28b. TIM		URY AT		28d. DESCRIBE HOW II	NJURY OCCI	JRED		
B	1 Natural 5 Pending 2 Accident Investigation					YES 2	НО					
	3 Suicide 6 Could not be determined 28e. PLACE OF IHJURY — All home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route No. 1) City or Town, Stete)								te Number,			
2	29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated.											
COMPLET	one) 2 MEDICAL EXAMIHER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (MORITI, Day, Year)									_		
BE	District											
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Туре,	Print)	-						-
		GCAL, N	1.D. D	octo	rs Com	imb	y the	Spiral ,	Lanh	am	MD	
ı	31. DATE FILED (Month, Dallas)	32. REGISTRA	R'S CIGHATURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

APR 13 1992 Julie Knidson Rondell DHMH-16 Rev 1/89

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be neutified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF I		MENTAL HYGIE REG. N		92 10091
	1. DECEDENT'S NAME (First, Middle, Last) (harles A	Charles A	nthony R	entz		2. DATE OF DEATH WONTH		YEAR 4 SU A M
	4. SOCIAL SECURITY NUMBER  216-01-0929  9e. FACILITY NAME (If not institution, give str	1½ M 2 □ F 7	7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 12,	1914	BIRTHPLACE (State or Foreign Country) Maryland
TOR	CHURCH HOSPITI				LTIMORE		9c. COUNT	Y OF DEATH
DIRECTOR	Maryland -		10c, CITY,	TOWN OR LOCAL				10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 259 S. Robinson	St.		10	ZIP CODE 2122	4		S. A.
BY	11. MARITAL STATUS 1 Never Merried 2 K Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2V THO	If yes, sp		NIC ORIGIN? (Specify ) in, Puerto Rican, etc.) y:	es or No 14	4. RACE — American indien, Bleck, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) NA	ATION completed)  College (1-4 or 5+)  NA	life. Do NOT use	rk done during mo retired.)	st of working		USINESS/INDUS	
OME	17. FATHER'S NAME (First, Middle, Last)	NA	Filter	0perat		ME (First, Middle, Meidle		ion Plant
BE C	Frank J. Rentz				Mary He		,	
5	19e. INFORMANT'S NAME (Type/Print) Elizabeth H. Ren	tz (Wife)				Route Number City or R , Baltimo		
	20a. METHOD OF DISPOSITION  1 String Burlal 2 Cremetion 3 Remo	real from State comet	Holy Re	deemer	Cemetery		Baltin	nore, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	-9				eral Home		Md. 21213
CERTIFICATION	23. PART I. Enter the diseases, or continued in the service of the	DUE TO (OR AS A C	CONSEQUENCE OF		de of dying, suc	h as cardiac or res	piratory arrea	at, Approximate interval Batween Onset and Death
MEDICAL	PART II. Other significant conditions	contributing to death but	not resulting in	the underlyin	g cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
IYSI		1 Propetient 2 ER/Outpet	lent 3 DOA			6 Other (Specify)		
	1 Return 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU		RK?	26d, DESCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, ati			261. LOCATION (Street City or Town, Stell		Flural Route Number,
COMPLE		IAN: To the best of my knowled: On the best of examination of						cause(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE CONTROL OF STREET OF PERSON WHO	COMP. FYED OURSE OF BETT			29c. LICENSE NUI	MBER XO 1	29d. DATE S	SIGNEO (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	· (hurch	HUED	100 N	Broady	n Ba	4 ms	
	ΔPR 1 3 1992	32. REGISTRAR'S SIGNAT	ndelle					



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition for memoral	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
D. BOX	rtificate be en	ig physician a	ther traum
S, P.(	e death ce	Vental Hyd	ury, or o
CORD	res that th	ligned by the	vs any In
RE	w requi	been s	3 show
TAL	: The la	tate Dei	tem 2,
F	SICIAN	certific	, or
OZ	VG PHY	ter this	marked
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2	OR AT	DIRECT YOU'S a	tem 2
	SPITAL	IERAL Iin 72 I	T. III
	HE HOS	AE FUN	DRITAN
	TO T	De file	IMP

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MA			RTMENT				MEN.	TAL HYGIEN		92	10092
	1. DECEDENT'S NAME (First, Middle, Last) MTI.DRI	ED E. RODG								ATE OF DEATH	AY C	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER		7. DA	TE OF BIRTH orth, Day, Year)		8. BIRTH	PLACE (State or Foreign
	218-09-5932  9a. FACILITY NAME (If not institution, give s	1 □ M 2 X F	73	YAS.	MONTHS	DAYS	HOURS	MIN.	DE	C.24,19			RYLAND
OR	CARROLL COUNTY		HOSPITA	AL	96. CITY,	TOWN	OR LOCATI	ON OF DE		T AIRY		CARRO	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN OF	LOCAT	THOM			1 MIKI		JAKKU	10d. INSIDE CITY
	MARYLAND CARRO	LL				ГА							LIMITS?
FUNERAL	17370 FREDERIC	W DOAD				101	. ZIP CODI				10g. CIT	IZEN OF W	HAT COUNTRY?
ONE	11. MARITAL STATUS	12. WAS DECEOENT I			13. W	AS DEC	217	F HISPAN	NIC ORI	GIN? (Specify Ye	or No	U.S.	- American Indian
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 THE STATE OF THE STAT	OR DATES	ю	и	yes, sp	ecity Cuba 2X NO	n, Mexica	n, Puer	to Rican, atc.)		Black Specif	White, atc.
	15. DECEDENT'S EOU (Specify only highest grade	completed)	(G/	ve kind of	USUAL OCI work done do	CUPATIO	ON st of working	ng		16b. KIND OF BU	StNESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 9TH GRADE	College (1-4 or 5+)		MEMA	,								
	17. FATNER'S NAME (First, Middle, Lest) SIDNEY LONG									st, Middle, Melden	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street a				WILLIE umber, City or Yow	n, State, Zip	Code)	
F	ROBERT L. RODGE	RS						LORI	I DI	RIVE-FI	NKSBU	RG,	MD.21048
	1 Description   1 Description   2   Cremetion   3   Remetion   4   Donatton   5   Other (Specify)	oval from State	cometery, cres	matory or o	ther place)				1			City or Too	vn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGER	4	HAVE	22. N	AME AN	D ADDRES	SS OF FA	CILITY	13 GLE		MIE	
	23. PART I. Enter the diseases, or c	Omn Her	outpad the de	ath Do	410	)7 W	ILKE	NS A	VEN	WE-BAL'	CIMOR	E, M	D. 21229
	ahock, or haart fallure.  iMMEDIATE CAUSE (Final disease or condition resulting in daath)	aA	on each line.	06	-61				100	ck			Approximate Interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEC	M Y	OCA Pi:	RI	DIA		I	MA	RC	~	48HRS
PHYSICIAN: MEDICAL	PART II. Other significant condition	A 0	eath but not re			arlying	cause g	ilven in	Part I.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M												- 1	1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	EATN (Che	ock only	one)			
IASI	1 VES 2 NO	HOSPITAL:						sidence	6 🗆 Ot	ther (Specify)			
BY P	1 Natural 5 Pending	28e. DATE OF IN. (Month, Day,		28b. TIM INJ	E OF 2 URY M	Sc. INJU WOI 1 \[ \] Y	RK?	NO	28d. 0	DESCRIBE NOW I	NJURY OC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF II building, ato	NJURY — At hon (Specify)	ne, ferm, e	street, fector	y, office			281. LC	OCATION (Street I Ity or Town, State)	and Number	or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER												and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER		/	w	D		29c. LICE			16			Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WING	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	MI	NG	PN	f	(R. (	NEC	10	INSTER
	31. DATE FILED (Month, Day, Year) APR 13	32. REGISTRANS	SIGNATURE.	一次	ME							-	

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	1 - REGISTRAR		CE	THE PERSON	CATE OF	DEALL	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	TN		-3. TIME OF DEATN
1	Charles	Edward R	hodes				WONTH /12	192	YEAR	4:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		s BIRT	HPLACE (State or Foreign
	220-05-7162	1 1 M 2 □ F	70	YRS.	NONTHS DAYS	HOURS MIN.	(Month, Day, Y	nar)	Count	
	9a. FACILITY NAME (If not institution, give st	reet and number)	70	-	9h CITY TOWAL	OR LOCATION OF E	1 01/29/		Penr	nsylvania
œ							EAIN		7	
6	21 Waldmann Mill	Court			Perry	Hall		Ba	ltim	ore
Ä	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY
DIRECTOR	Maryland Balti	more		Per	ry Hal	1				LIMITS?
	10e. STREET AND NUMBER					I. ZIP CODE		10a CI	TIZEN OF	WHAT COUNTRY?
18	21 Waldmann Mill	Court				21236			.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED	12 WH C DEC		NIC ORIGIN? (Spec			
	1 Never Married 2 Merried	FORCES? 1   IF YES, GIVE WAR	YES 2 N	0	If yes, sp	ecity Cuban, Maxic	an, Puerto Rican, at	c.)	Blac	E — American Indian, k, White, atc.
BY	3 Widowed 4 □ Divorced	IF TES, GIVE WAR	OR DATES		1 YES	Z€NO Speci	fy:		Spec	"White
	15. DECEDENT'S EDUC	ATION	16a, DEC	EDENT'S U	SUAL OCCUPATION	ON .	16h KIND C	F BUSINESS/IN	•	
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(GA	e kind of wo Do NOT use	rk done during mo retired.)	est of working	TOO. KIND C	r byamcaa/ir	DOSTRI	
4	12	College (14 or 5+)	Q.	lesma	a n		Home	Impro	TOMO!	nte
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Tesik	111	18 MOTHER'S N	AME (First, Middle, M	da-		1105
	Frank Rhodes					Bert		eroen Somemey		
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAILING A	DDBESS (Street )		Route Number, City	T 0 1	- 0- 1-1	
2	Nones Tee Marilles									21226
	Nancy Iee Kneller 20a. METNOD OF DISPOSITION						rt Perr	-		
	1 Buriel 2 Cremation 3 Remo	wat from State	cometery, cren	natory or othe	er place)		/92 ATE 20			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Crema	ition	Green .	Mount Ce	metery E	altimo	re,	MD
	· martin	1. Depo	-000	,						Home, Inc.
		4.								D. 21206
	23. PART I. Enter the diseases, or cahock, or heart failura. LIMMEDIATE CAUSE (Fins)	omplications that coulse list only one cause	oused the dea on each line.	ith. Do no	t enter the mo	de of dying, su	ch se cerdiac pr	respiratory s	rest,	Approximata Interval Between
		Chans	in or	Yam	1 -	- 1 -	- N:	0.1.0		Onset and Death
	resulting in death)	CHTON DUE TO (OF	AS A CONSEC	UENCE OF):	OCTIVE	LUM	19 DIS	Kare	4	
z										į .
	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	AS A CONSEQU	UENCE OF):						
3	CAUSE (Disease or Injury									
프	that initiated events	OUE TO (OF	AS A CONSEQU	UENCE OF):						
EH	d									
CERTIFICATION		contributing to de	eth hut not re	euitine le	the underlying	and the b	9-41			
	PART II. Other significent conditions	contributing to de	eth but not re	suiting in	the undarlying	ceuse given in	Part I. 24a. W	S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
DICAL		contributing to de	eth but not re	suiting in	the undarlying	g ceuse given in	PE		24b	
DICAL		contributing to de	eth but not re	suiting in	the underlying	g ceuse given in	PE	REORMED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE
DICAL	PART II. Other significent conditions	contributing to de	eth but not re	suiting in	the undarlying	g ceuse given in	PE	REORMED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
DICAL	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	s contributing to de	eth but not re		26. PL	g couse given in	1 _ Y	REORMED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
DICAL	PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO				26. PL DTHER:	ACE OF OEATH (C/	1 _ Y	RFORMED?	24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
	PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	HOSPITAL:	R/Outpetlant 3 [		26. PL DTHER:  Nursing Nom OF 28c. INJ	ACE OF OEATH (CI	PE 1 V	RFORMED? ES 2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHYSICIAN: MEDICAL	PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	HOSPITAL: 1   Inpetient 2   EF 28s. DATE OF INJ (Month, Day, )	R/Outpetlent 3 [URY Year)	DOA 4	26. PL DTHER: Nursing Nom Nor P Sec. INJ W 1   1	ACE OF OEATH (CI	neck only one)	RFORMED? ES 2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
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BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide a Could not be datermined	HOSPITAL:    Inpatiant 2   EF   28a. DATE OF INJ   (Month, Deg. 1)   28a. PLACE OF IN   building, atc.	R/Outpetlant 3 [ IURY   Year) IJURY — At hom (Specify)	28b. TIME 1NJUF	26. PL DTHER:  Nursing Nom OF Y M 1 1 1	ACE OF OEATH (CA	PEE 1 Y  1 Y  Neck only one)  6 Other (Specify  28d. OESCRIBE H  28t. LOCATION (S  City or Town,	RFORMED? ES 2 NO OW INJURY OC State)	OCURED or or Bural R	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL:    Inpatiant 2   EF   28a. DATE OF INJ (Month, Day, 1)   28e. PLACE OF INJ building, atc.	NOutpetient 3 [ IURY   IJURY — At hom (Specify)	DOA 4 28b. TIME (INJUF	26. PL DTHER: Nursing Nom DTHER: Visit Nursing	ACE OF OEATH (CI	PE 1 Y  1 Y  1 Y  1 Other (Specify)  28d. OESCRIBE I  28t. LOCATION (S City or Town,  1 to the cause(s) and 1 time, date and place	RFORMED? ES 2 NO  OW INJURY OC  State)  d manner as attention, and due to 1	occurred for or Rural F	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be datermined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC one)  2 MEDICAL EXAMINER	HOSPITAL:    Inpatiant 2   EF   28a. DATE OF INJ (Month, Day, 1)   28e. PLACE OF INJ building, atc.	NOutpetient 3 [ IURY   IJURY — At hom (Specify)	DOA 4 28b. TIME (INJUF	26. PL DTHER: Nursing Nom DTHER: Visit Nursing	ACE OF OEATH (C/	neck only one)  6 Other (Specify)  28d. DESCRIBE In  28t. LOCATION (S City or Town,  to the cause(s) and time, date and place  MBER	RFORMED? ES 2 NO  OW INJURY OC  State)  d manner as attee, and due to 1  29d. DA'	occurred for or Rural F	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  a) and manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident 3 Suicide a Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1 Inpetlant 2 EF  28a. DATE OF INJ. (Month, Dex.)  28e. PLACE OF IN building, atc.  HAN: To the best of my  1: On the best of exam	R/Outpetient 3 [ IURY   Near)  IJURY — At hom (Specify)  knowledge, dear	28b. TIME 28b. TIME 1NJUF 1NJU	26. PL  THER:  Nursing Nom  OF 28c. INJ  WO  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF OEATH (C/	PE 1 Y  1 Y  1 Y  1 Other (Specify)  28d. OESCRIBE I  28t. LOCATION (S City or Town,  1 to the cause(s) and 1 time, date and place	RFORMED? ES 2 NO  OW INJURY OC  State)  d manner as attee, and due to 1  29d. DA'	occurred for or Rural F	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation Investigation a Could not be datermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL:  1 Inpetlant 2 EF  28a. DATE OF INJ. (Month, Dex.)  28e. PLACE OF IN building, atc.  COMPLETED CAUSE OF EXAMPLE	R/Outpetlant 3 [ IURY   Near)  IJURY — At hom (Specify)  knowledge, dear instion and/or in	28b. TIME 28b. TIME 1NJUF 1NJU	26. PL  DTHER: Nursing Nom OF 28c. INJ WO 1 1 N eet, factory, office at the time, data In my opinion, d	ACE OF OEATH (CI	PE 1 Y  neck only one) 6 Other (Specify) 28d. OESCRIBE F  28t. LOCATION (S City or Town, to the cause(s) and time, date and place  MBER	OW INJURY OCTOPOLY AND A STATE OF THE AND A STATE O	occured  or or Rural R  sted.  he ceuse(a	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO Dr. Suter Fra  31. DATE FILED (Month, Dey, Yeer)	HOSPITAL:    Inpatiant 2   EF   28a. DATE OF INJ   (Month, Dey. 1)   28e. PLACE OF IN   building, atc.   COMPLETED CAUSE CONKLIN SQU	A/Outpetient 3 [ IURY   IURY — At hore (Specify)  knowledge, dear institution and/or in  DF OEATH (ITEM  AY C. HO S	28b. TIME (NJUF the lerm, strong the occurred the occurre	26. PL DTHER:  Nursing Nom DTY M 1 28c. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF OEATH (CI	neck only one)  6 Other (Specify)  28d. DESCRIBE In  28t. LOCATION (S City or Town,  to the cause(s) and time, date and place  MBER	OW INJURY OCTOPOLY AND A STATE OF THE AND A STATE O	occured  or or Rural R  sted.  he ceuse(a	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide a Could not be datermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO Dr. Suter Fr. a	HOSPITAL:  1 Inpetlant 2 EF  28a. DATE OF INJ. (Month, Dex.)  28e. PLACE OF IN building, atc.  COMPLETED CAUSE OF EXAMPLE	A/Outpetient 3 [ IURY   IURY — At hore (Specify)  knowledge, dear institution and/or in  DF OEATH (ITEM  AY C. HO S	28b. TIME (NJUF the lerm, strong the occurred the occurre	26. PL DTHER:  Nursing Nom DTY M 1 28c. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF OEATH (CI	PE 1 Y  neck only one) 6 Other (Specify) 28d. OESCRIBE F  28t. LOCATION (S City or Town, to the cause(s) and time, date and place  MBER	OW INJURY OCTOPOLY AND A STATE OF THE AND A STATE O	occured  or or Rural R  sted.  he ceuse(a	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  a) and manner as stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transport of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

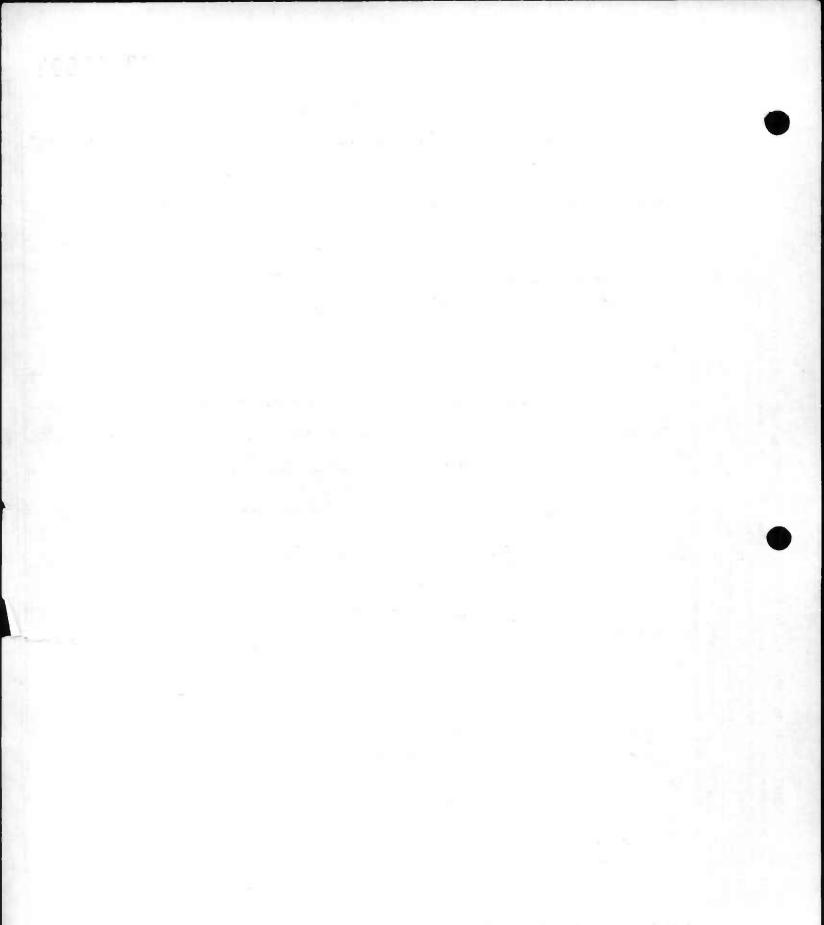
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	EALTH AND DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last		Rsin	scks		2. DATE OF DEATH		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 21209 4864		în yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
TOR	98. FACILITY NAME (If not institution, give	NURSING Ho	M	-	SO (		-	TY OF DEATH
DIRECTOR	100. STATE 100. COUNTY BAT		10c. CIT	ARKVIL	LS			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER  AND ALOSO	ROAO		101	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
BY FUR	11. MARITAL STATUS  1 Never Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	NO	If yes, sp	ENDENT OF NISPA ecify Cuban, Mexico 2000, NO Special	NIC ORIGIN? (Specify on, Puerto Rican, etc.)	fee or No- 1	4. RACE — American Indian, Black, White, etc.
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION work done during more retired.)	ON st of working	16b. KIND OF E	BUSINESS/INDUS	
COMPL	17. FATHER'S NAME (First, Middle, Last)	0	SHEET	1217	18. MOTHER'S NA	AME (First, Middle, Meid		TURIN
BE	190. INFORMANT'S NAME (TypeRrint)	Kinsck		ADDRESS (Street e	MARY and Number or Rural	A- Ko Route Number, City or T	PPSL	MAN
5	FAMILY CCC	ZONC	SA	ME AS	ABOV	2		
	Burlel 2 Crametion 3 Ref 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE OF	ther place!	SISRY	100E 200	ARKY	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICEL	Momen		EVAN	O ADDRESS OF FA	TOFI M	ORIZS	akriss
ERTIFICATION	23. PART I. Enter the disease, or ahock, or heart fellure immediate cause or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiered eventa resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A C. A)	CONSEQUENCE OF	PRO 35 30NE	STAT		WITK	nt, Approximate Interval Between Onaat and Daath
4: MEDICAL C	PART II. Other algnificant condition	na contributing to death bu	ut not resulting !	n the underlying	ceuse given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpi	2 000 I	OTHER:	ACE OF DEATH (Ch			
ВУ РНУ	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b, TIMI	OF 28c. INJURY WO		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, a	treet, lectory, office		28f. LOCATION (Stree City or Town, State		Rural Route Number,
O BE COMPLE	29e. CERTIFIER 1 CERTIFYING BHYS	ICIAN: To the best of my knowle ER: On the basis of examination	edge, death occurre	d at the time, date n, in my opinion, de	and place, end due eth occured at the	to the cause(s) and m time, date end place,	enner as stated.	:suse(e) end manner ee stated.
TO BE (	296. SIGNATURE AND TUTLE OF CERTIFIE	21			29c. NICENSE NUM	ABER /	29d. DATE S	RIGHED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	KIVERA	5714	HARFO	RO RUP	0		,
	APR 1 3 1992 9	32. REGISTRAR'S SIGNA						





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show be filled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked or them 23 shows any lettury or other traumatic awant the madical avainance must be notified
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E E	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Dept. of Health and Mental Hypliene prior to burial, cremation, or removal.	MPD
	- 2	

1. DECEDENT'S NAME (F	irst, Middle, Last)			CERTIF	IOAT	_ 01	DEA		2. DATE O	REG. NO			3. TIME OF DEATH
Oli		В.		Rosste	ad				04	05	) 1	992	10:28 A.
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yr	rs. lest birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH Day, Year)			PLACE (State or Foreign
181-12-327	5	1 <b>X</b> M 2 □ F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		5/18		Wash	D.C.
90. FACILITY NAME (If no					9b. CITY	, TOWN	R LOCATIO	ON OF DE			9c. CO	JNTY OF D	
Universi RESIDENCE OF D 100. STATE Maryland		ital			Bal	timo	re C	ity					
RESIDENCE OF D	10b. COUNT	Υ		100 CIT	Y, TOWN (	DR 1 0041	1041						
Maryland	Howan												10d. INSIDE CITY LIMITS?
10e, STREET AND NUMB		. u		Ell	icot	_	. ZIP CODI				1 40 00		1 YES 2 X NO
3409 Font	H411 I	rive				"	210						
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13.	WAS DEC			IIC ORIGIN?	Rnacify Vac		S.A.	
1 Never Married 2		FORCES? 1	YES 2	NO		If yes, sp		n, Mexica	n, Puerto Ric		O NO-		- American Indian, White, etc.
3 Widowed 4 D	lvorced	IF YES, GIVE W	II				T (Mino	Specify	<i>'</i> .			Specit	White
	ECEDENT'S EDU		164	OECEDENT'S	work done	CCUPATIO	N st of worldn	n	16b, K	IND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5 +	)	Engin	retired.)				Δn	осо			
40 5471155	1010			0-1									
17. FATHER'S NAME (First		-1 0				11			ME (First, Mic	ldle, Maiden	Surname)		
Oliver B.		ad, Sr.		T 405 444 11 11 1	4077				Stolp				
Dorothy Ro				19b. MAILING									
200. METHOD OF DISPOS			201 01					ve,					21042
1 Donation 5 Ott	tion 3 🗆 Rem	oval from State	cemetan	y, crematory or o	ther place)		me of	, ,	DATE			City or To	The second secon
21. SIGNATURE OF FUNE		CENSEE 1	Me	etro Cr			D ADDRES	S OF FA	10/92	Cai	cons	<u> 7111e</u>	, Md.
> Har	, , 2,	11/4	-0						E FUN	ERAL	HOM	3	
Sequentially list con- if any, leading to imn cause. Enter UNDERI CAUSE (Disease or is that initiated events resulting in death) L/	nediate LYING njury	b DUE TO	(OR AS A COP	NSEQUENCE OF	<b>-</b> ):								
PART II. Other algorifi	cant condition	s contributing to	daeth but n	ot resulting i	n tha un	derlying	causa g	iven in	3	Fa. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									_				
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		ACE OF DE	EATH (Che	ock only one)				
YES 2 NO		1 Inpetient 2X		1 3 🗆 DOA	OTHER 4   Num		5 🗆 Re	sidence	6 🗆 Other (S	ipecify)			
27. MANNER OF DEATH	Pending	28e. DATE OF	1922	28b. TIM 2:45		28c, INJI WO	RK?		28d. DESCR				
2 Accident	Investigation					1 🗆 Y		NO					Impact
4  Homicide	Could not be determined	building,	tc. (Specify)	Roadsi		ory, office	'	Ī	Route	Inun Ctotal			Falls Rd.
		CIAN: To the best of R: On the bests of as											end manner es stated.
STEE SIGNATURE AND TIT			h	N			29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
MANE AND ADDRESS	OF PERSON WH	COMPLETED CAUS	E OF DEATH			No.		).C.N					/1992
31. DATE FILED (Month) De		\$2. REGISTRA 1992 \$4	T'S SIGNATUR	111 Pe	enn S	tre	et, E	Balti	more.	Mar	ylan	d 212	01
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DHMH-16 Rev 1/89

of the control of devile E OF LEVEL STATE OF THE SALE OF SELECTION

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL	HYGIEN REG. NO.	_	92	1009
	1. DECEMENT'S NAME (First, Middle, Last	JOSE	RIVAR	6		2. DATE O	F DEATH	9 9	は	TIME OF DEATH
	218-46-66a1	1 1 2 F	(In yrs. lest birthday) 64 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	02	BIRTH Boy, Youry	200	Country)	CNTINA
TOR	90. FACILITY NAME (If not institution, give	Medical Ce	ten	96. CITY, TOWN	OR LOCATION OF I	DEATH		9c. COUNTY	AA	ч
DIRECTOR	100. STATE 100. COUNTY MARYIAND	ANNE ARUND		Y, TOWN OR LOCA	TION RNA PAI	סוני				I. INSIDE CITY
	10e. STREET AND NUMBER	ANNE AROND	<u> </u>		1. ZIP COOE	-			OF WHAT	YES 24 NO
FUNERAL	309 MAGOTHY				21146			Argent	Pas.	A.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	CENDENT OF HISP/ Hecity Cuben, Mexic Is 2 NO Spec RGENTIN	en, Puerto Ri	(Specify Yee can, etc.)	or No.— 14.	Specify:	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	le completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during more retired.	ON ost of working	16b. I	(IND OF BUS	SINESS/INDUS	FRY	
MPLI	Elementary/Secondary (0-12)	College (1-4 or 8+)		SCIAN			MI	EDICI	NE	
BE CO		AROLA				STINA	DE 'N	MARIA		
2	190. INFORMANT'S NAME (Type/Print)  MARTIN C. RIV	AROLA		ADDRESS (Street & 20TH S'						20009 I.D.C.
	20s. METHOD DE DISPOSITION  1   Burlist 2 Cramation 3   Red  4   Donation 5   Office (2007)	movel from State	ETRO CR	OF DISPOSITION (No	ame of	0ATE 4/1	20c. LO	CATION — City	or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE L		fman	22. NAME AI	NO ADDRESS OF FOUND C.	FINK	FUNI	ERAL I	HOME	21061
CERTIFICATION	23. PART I. Enter the diseases, as shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST	s. DUE TO (OR AS A	A CONSEQUENCE OF	edialim	Jacting, su	ch as cardi	ic or respli	ratory srrest		Approximate Interval Betweer Onset and Death
PHYSICIAN: MEDICAL CER	PART II. Other significant condition	d.	out not resulting	in the underlying	g ceuse given in		PERFORI	MEO?	CON OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
AN	28. WAS CASE REFERRED TO MEDICAL EXAMINER.			26. Pt	ACE OF DEATH (C	heck only one)				N/A
IXSIC	1 N YES 2 NO 27. MANUTER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Out			e \$ 🗆 Reeldence	8 🗆 Other (	Specify)			
ВУ РН	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIM	URY WO	URY AT PRK? YES 2 NO	28d. DESC	AIBE HOW IN	JURY OCCUR	ED .	To the
_	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, s	street, factory, offic		281. LOCAT City or	ION (Street er Town, Stete)	nd Number or F	tural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my know	riedge, death occurre	nd at the time, date	end place, end du	e to the cause	r(e) end men	ner ee stated.	use(e) and	menner es eletad
O BE C	296. SIGNATURE AND SITLE OF CERTIFIE		<del></del>		29c. LICENSE NU		)	29d, DATE SIE		
ř	30. NAME AND ADDRESS OF PRISON AND STATE OF THE STATE OF	theral of	ATH (ITEM 27) (Type.	apolla)	MJ 21	1401				- ·
	31. DATE FILEO 1 3 1992	AZ. REGISTRAR'S SIGN	ATURE	1						



A TOLER OF THE PER CHARLES 218 10 60 m Ancher Historia Grant Bernard 

2000 -

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR JACQUELINE J. REISIG CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH 4/10

92 10097

į.	1. DECEDENT'S NAME (First, Middle, Lost)  TACPUELINE REISIG									2. DATE OF DEATH 4/10/92 YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER								4 10 42 8					<b>В</b> м	
	219-03-5719	5. SEX	6. AGE (In yrs. Ins	t birthday) YRS.	MONTHS C	MYS	HOURS	24 HRS. MIN.	7. DATE OF BI (Month, Day,	Year)	8. BIRTHPLACE (State or For Country) GERMANY			sign	
	Sa. FACILITY NAME (If not institution, give	22	02		9b. CITY, TO	OWN OR LOCATION OF DEAT							1	_	
DIRECTOR	ST. AGNES HOSPIT		BALTIMORE					-							
EC	10a. STATE 10b. COUR		10c. CITY	, TOWN OR	LOCATION	ON						10d, IN	ISIDE CITY		
	MARYLAND BAL		CA	ronsv	LLL	Ξ				1 TYES 2 N			10		
FUNERAL	100. STREET AND NUMBER  98 SMITHWOOD AVE					ZIP CODE 21228		U.S.A.			WHAT CO	OUNTRY?			
ON	11. MARITAL STATUS		T EVER IN U.S. AR		13. WA				IIC ORIGIN? (Spi	ecify Yes			E — Ame	rican Indian	
BY	1 Never Married 2 Married  3- Widowed 4 Divorced  FORCES? 1 YES 2  IF YES, GIVE WAR OR DATES						olfy Cuber 2 X NO		n, Puerto Rican,	etc.)		Spec WH	elly:	erican Indian , atc.	
9	15. DECEOENT'S EC (Specify only highest gra		(Gi	ve kind of w	USUAL OCCU	JPATION	N t of workin	a	16b. KIND	OF BUS	INESS/INI	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5	+) We.	(Give kind of work done during most of working life. Do NOT use retired.)  AIRDRESSER				BEA	UTIC	CIAN					
ON	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NAI	ME (First, Middle,						
BE	PETER H. LUTZ						-	ANNA							
0	19a. INFORMANT'S NAME (Type/Print) RICHARD KIEFER (	(Ammodatest)							Poute Number, Cit						
			20b. PLACE A		. CHA			KEET			CATION -				
	20a. METHOD OF DISPOSITION  1  Buriel 2  Corporation 3  Re 4  Donation 5  Other (Specify)	movel from State	METRO				10 01	4	/11/92	CAT	ONSVI	LLE,	MD	4	
	21. SIGNATURE OF THE HALL BRACE LICENSEE  22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL									HOME					
	*/ </td <td>nai h</td> <td>111</td> <td>1</td> <td>163</td> <td>O E</td> <td>DMON</td> <td>DSON</td> <td>I AVE</td> <td>CATO</td> <td>ONSVI</td> <td>LLE.</td> <td></td> <td></td> <td></td>	nai h	111	1	163	O E	DMON	DSON	I AVE	CATO	ONSVI	LLE.			
	23. PART i. Enter the diseases, or shock, or heart failure	r complications the	st caused the de	eth. Do n	ot anter th	e mod	e of dyl	ng, suct	h as cardiec o	r reapi	ratory sr	reat,	A	pproximat	te
	iMMEDIATE CAUSE (Final disease or condition													nset and	
	resulting in death)		OR AS A CONSEC		):	Ų							-		-
Z	CHF									į					
AT 10	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):														
S	Cause. Enfer UNDERLYING CAUSE (Disease or injury that initiated events  CARDIOMYOPATHY  DUE TO (OR AS A CONSEQUENCE OF)														
CERTIFICATION	resulting in death) LAST														
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										DINGS				
MEDICAL	COLON CANCAR, MC Multifocal Atrial tach PERFORMED? COMPLE									ETION OF CA	0				
MED	1 yes 2 NO OF DEATH?										,				
ä	1,11,1														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:				ack only one)						
HYS	1 YES 2 NO  27. MANNER OF GEATH	28e. DATE OF		28b. TIME	4 Nursing Home 5 Residence 6 Other (Specify)				-	INJURY OCCUREO					
ВУ Р	1 Naturel 5 Pending 2 Accident Investigation	(Month, E	Pay, Year)	INJ		WOR	K7 ES 2 _	NO							
	3 Suicide 6 Could not b	26e. PLACE C building,	F INJURY — At horests, (Specify)	ne, farm, a	treet, factory,	offica			281. LOCATION City or Town		nd Number	or Rural i	Route Nu	mber,	
					-		-			_		_			
COMPLET	(Check only one) 2 MEOICAL EXAMI												e) and mu	enner ee ste	led l
	298 SIGNATURE AND TITLE OF CERTIF				29c. LICE							Day, Year)	-		
) BE		Kankow	K, MI	)			ates.		DENT	-	DAI DAI	41	10	92	
5	30. NAME AND ADDRESS OF PERSON W					1.1		-					- 1		
	Mutamas kan	al an projector	DIO GIONIATION		UES	H	1920	TAL	~						
	APR 1 3 1992	Girlia David	AR'S SIGNATURE	2											
	HI IV 2 - 1002	//	•			_									

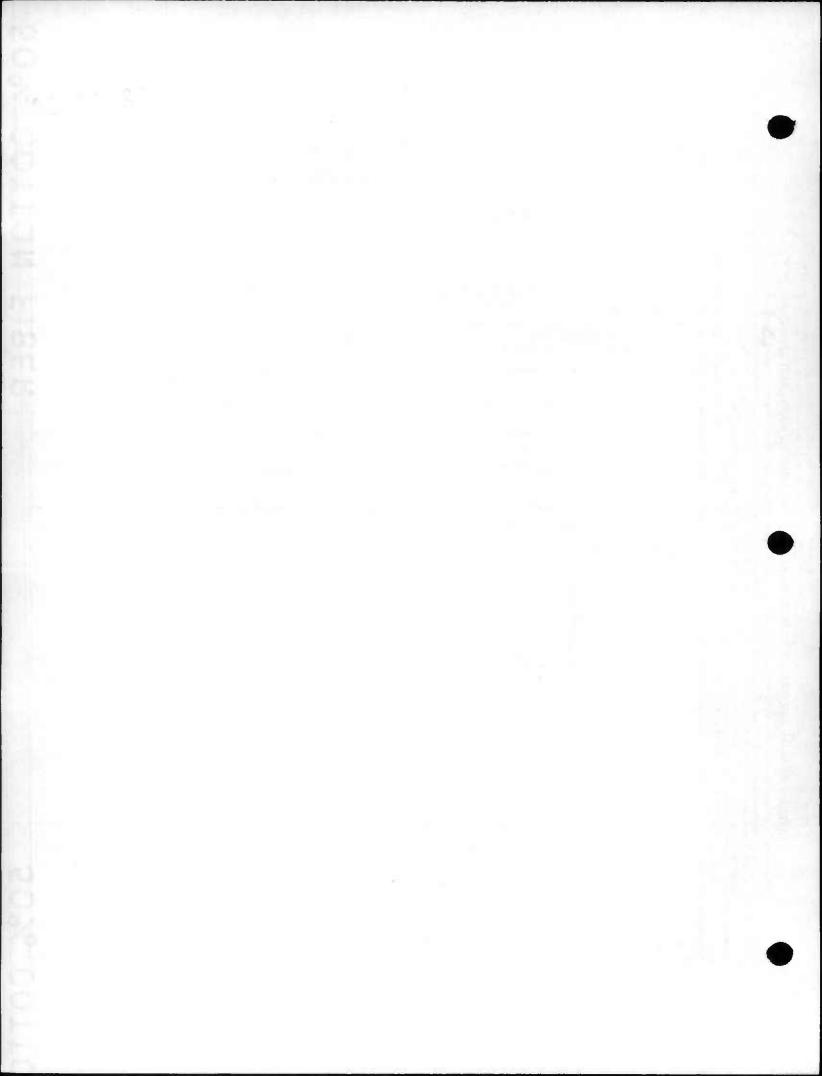


app 13 1917 June Bussellhoom

MARYLAND	be retained by the hos	e 5 should be detache	s notified at once.
BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-riours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
•	within 2 nours after	npletely filled in by the cremation, or remov	vent, the medical
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ertificate be executed	ng physician and con giene prior to burial,	other traumatic e
CORDS, P.C	res that the death c	igned by the attendi	rs any injury, or
VITAL REC	ICIAN: The law requi	ertificate has been s the State Dept. of H	or Item 23 shov
IVISION OF	ATTENDING PHYS	IRECTOR: After this cours after death with	em 28 is marked
۵	TO THE HOSPITAL O	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If It

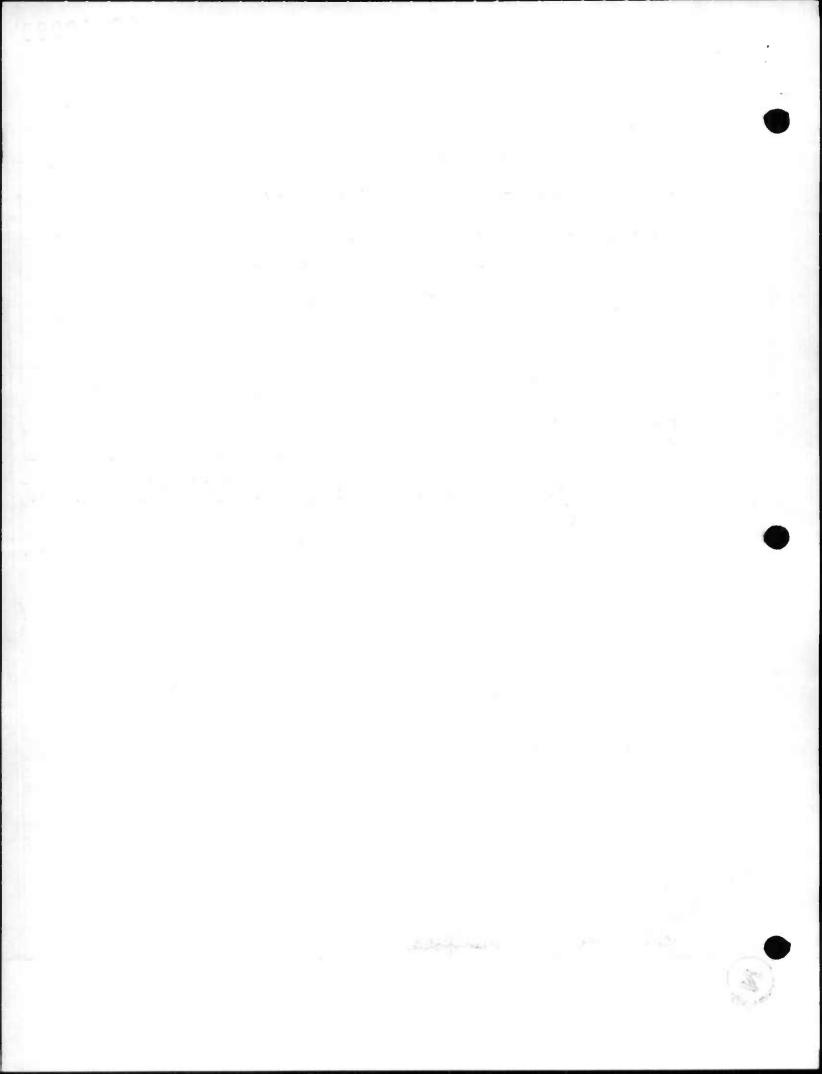
physician.
buria-transit permit. Pages 1, 2, 3 should

		RYLAND / DEI CERT		E OF DE			REG. NO.	5	12	inno
1. DECEDENT'S NAME (First, Middle, Las LANDOLA	swan					2. DATE MONTH	OF DEATH DAY	199	AR	TIME OF DEATH 2 A
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birth	nday) IF UNDE	R 1 YEAR _ IF U	NDER 24 HRS.	7. DATE	OF BIRTH	8. B	URTNPLA	CE (State or Foreign
217-05-0556	1 M 2 K F	75 vi		DAYS HOU	RS MIN.	(Month	Day, Year)	6 0	(ountry)	
9a. FACILITY NAME (If not institution, giv	e street and number)		9b. CIT	Y, TOWN OR LO	CATION OF D	1		c. COUNTY		TNTA
1116 KEVIN ROAD										
RESIDENCE OF DECEDENT			1 1	ALTIMO	(L		1		_	
10a. STATE 10b. COU	NTY	100	c. CITY, TOWN		n 1/7				100	I. INSIDE CITY
MD.			كآ	BALTIMO	KE.				10	YES 2 NO
10e. STREET AND NUMBER				101. ZIP	CODE		1	og. CITIZEN	OF WHAT	COUNTRY?
1116 KEVIN ROA	ND .			21	229			US.	A.	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EV FORCES? 1 [] IF YES, OIVE WAR	YES 2 NO	13.	WAS DECENDE	Suban, Mexic	an, Puerto F	? (Specify Yes or lican, etc.)		RACE — Black, Wi Specify:	American Indian, hite, etc.
3 Widowed 4 Divorced									BLAC	K
15. DECEDENT'S E (Specify only highest gro		(Give kir		during most of v	rorking	16b.	KIND OF BUSIN	ESS/INDUSTI	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		VOT use retired.) PLOYED							
AT TATUETHO MARKET CT-1 (ALAM- 1-4)		ONE	LOID							
17. FATHER'S NAME (First, Middle, Last)							liddle, Maiden Su	mame)		
40. INFORMATIO MANY CO.		1			HATTI					
19a. INFORMANT'S NAME (Type/Print) WILLIAM SWAN		19b. MA	I G VINTTI	S (Street and No	mber or Rural	Floute Numb	er, City or Town, S	State, Zip Cod	(e)	
		111	LO KEVI	IN KOMD	' BAL	TIMOR	E. MD.	21229		
20a, METHOD OF DISPOSITION 1 Description 2 Cremation 3 Report of the second sec	amoval from State	20b. PLACE OF D other place)					100	TION - City		
4 Donation Other (Specify)	Ligations	MT. Z		EMETERY			BALI	IMORE	, PII	
21. SIGNATORE OF PUNERAL SERVICE	LICENSEE			NAME AND ACTOSEPH	H. BR	OWN J	R. FUNE	RAL H	OME.	P.A.
Mana	~ 0.0	5	19	913 W. E	LTIMOR	E ST.	BALTO. M	0. 2122	3; P.	0. BOX 443
disease or condition resulting in death)		eta sto		arcin	me	7	570m	ach		
	b		ICE OF):	Drc(n	enp	7'	\$ 70 m	uch		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b DUE TO (OR  e DUE TO (OR	AS A CONSEQUEN	ICE OF): ICE OF):				24a. WAS AN AL PERFORMI	TTOPSY ED?	AM CO OF	VILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significent condit	DUÉ TO (OR  DUE TO (OR  DUE TO (OR  d.	AS A CONSEQUEN	ICE OF): ICE OF): Iting in the u	inderlying cau		n Part I.	24a. WAS AN AL PERFORMI 1 YES 2-E	TTOPSY ED?	AM CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitieled events resulting in deeth) LAST	DUÉ TO (OR  DUE TO (OR  DUE TO (OR  d.	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  this is a consequent	ICE OF): ICE OF): ICE OF): Iting in the u	inderlying cau	ise given i	n Part I,	24a. WAS AN AL PERFORMI 1 YES 2-	TTOPSY ED?	AM CO OF	MPLETION OF CAUSE DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other significent condit	DUÉ TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  Which is a consequent of the consequ	ICE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):	26. PLACE	ose given in OF DEATH (C	n Part I.	24a. WAS AN AL PERFORMI 1 YES 2-	ITOPSY ED? P NO	CO OF 1 (	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1. Natural 5   Pending	DUÉ TO (OR  DUE TO	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  Which is a consequent of the consequ	ICE OF):  ICE OF):  ICE OF):  Iting in the u	26. PLACE	DF DEATH (C	n Part I.	24a. WAS AN AL PERFORMI 1 YES 2.	ITOPSY ED? P NO	CO OF 1 (	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUÉ TO (OR  DUE TO	AS A CONSEQUEN  AS A CONSEQUENCE  AS A CON	ICE OF):  ICE OF	26. PLACE ER: Insing Home 5 28c. INJURY WORK? 1 YES	DF DEATH (C	n Part I.	24a. WAS AN AL PERFORMI 1 YES 2.	TTOPSY ED?	AM CO OF	NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO



	1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Leat)	. 41			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				
	Lillian Sm		(in yrs. leat birthday) #	UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	92 06 10 M				
	216013546	1 🗆 M 2 💢 F	9/ YRS. MO	THE DAYS HOURS MIN.	(Month, Day, Year) 08-12-00	Country)				
DIRECTOR	9a. FACILITY NAME (If not inatitution, give a GOOD SAMA	GOOD SAMARITAN HOSP.  BALTIMORE CITY  PRESIDENCE OF DECEDENT  96. COUNTY OF DEATH  BALTIMORE CITY								
REC	10a. STATE 10b. COUNT	1	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER	LTIMORE	co.   f,	TREVILLE  101. ZIP. CODE	100	1 VES 2 NO				
FUNERAL	2806 WILL	OUGHBY	ROAD	212	34	4,5.A.				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 ( NO	13. WAS DECENDENT OF HISP/ If yes, specify Cubin, Mexic 1 YES 2 NO Spec		14. RACE — American Indian, Black; White, etc. Specify:				
TEO	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL	done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8 +)	SEAM!	STRESS	LANE	BRYANT				
BE CO	17. FATHER'S NAME (First, Middle, Leet)	SACHA		16. MOTHER'S N	AME (First, Middle, Maiden Surna	PICA				
TO B	190. INFORMANT'S NAME (Type/Print)	SCORDS	196. MAILING AD	DRESS (Street and Number or Rura	1 Route Number, City or Town, Sta	ite, Zip Code)				
	20e. METHOD OF DISPOSITION 1 ID Buriel 2 Cremetion 3 Rem		b. PLACE AND DATE OF D		DATE 20c. LOCATIO	ON — City or Town, State				
	4 Donation 6 Other (Specify)	DENSEE 0	MUHIVEY	22. NAME AND ADDRESS OF F	ACILITY, COC	LEASVILLE, MID				
	· Lyping	- F- 9	ave	5800 F	PARFORD	PD. PARWILLE				
		complications that cause List only one cause on e	d the death. Do not eech line.	enter the mode of dying, su	ch as cardiec or respirator	ry arrest, Approximate Interval Batween				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Muncar	dial Info	ration		Onset and Death				
	resulting in death)	BUE TO (OR AS	A CONSEQUENCE OF):	1011		Lon lant m				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate									
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	C. DUF TO (OR AS	A CONSEQUENCE OF):							
ERI	resulting in death) LAST	_		diovascular o	lisease					
	PART II. Other significant condition	s contributing to deeth i	but not resulting in the	ne underlying cause given in	Part I. 24s. WAS AN AUTO					
MEDICAL	Preumonia				PERFORMED					
W.					—	1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)					
IYSI	1 YES 2 NO 27. MANNER OF DEATH	1 inpatient 2 ER/Out	petient 3 DOA 4	HER: Nursing Home 6 - Residence						
BY PF	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	26c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stree city)	t, factory, office	26f. LOCATION (Street and Ni City or Town, State)	umber or Rural Route Number,				
COMPLETED				the time, date end place, end du my opinion, death occured at th		se stated, to the cause(s) and manner as stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Reside	ent in Inter	nal 290. LICENSE NU	IMBER 29d	I. DATE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DI	Medicine EATH (ITEM 27) (Type. Prin	0)		04-10-92				
	Dr. B. Lankacha	ndra, Go	ood Samo	iritan Hospita	e, Baltime	104-10-92 me, Maryland.				
	APR 13 1992	32. REGISTRAR'S SIGN	ATURE RONDER							





1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

219 22 9083

FLORENCE

9e. FACILITY NAME (If not institution, give street and number)

Bon Secours Extended Care

IF UNDER 1 YEAR

DAYS

96. CITY, TOWN OR LOCATION OF DEATH Ellicott City

STERMOLE

5. SEX

1 M 2 F

6. AGE (In yrs. lest birthday)

3. TIME OF OEATH

5AM

OHMH-16 Rev 1/89

e. BIRTHPLACE (State or Foreign Country) Penna

9c. COUNTY OF DEATH

2. OATE OF OEATH
MONTH,
April 12,1992

7. DATE OF BIRTH (Morth, Day, Year)
Feb.15, 1909

(	1	obs 1, 2, 3 should
		permit.
	an.	ransit

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x mours after death. Page 6 may be retained by the hospital or attending physician or DHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-tribe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10e. STATE Maryland	d Howard 10c. CHTY, TOWN OR LOCA Ellicott (				ity	10d. INSIDE CITY LIMITSA  1 YES 2 NO			
3646 MacAl		d	•	10f	21043		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
11. MARITAL STATUS 1 Never Merried 2 3 3 Wildowed 4 Div	Married	WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2-NO	If yes, sp	ENDENT OF HISPANIC ( polify Cuban, Mexican, P  2 NO Specify:		a or No-	4. RACE — American Indian, Black, Whita, atc. Specify: White	
	CEDENT'S EDUCATION highest grade comp (0-12) Co		18a. OECEOENT'S USI (Give kind of work life. Do NOT use re Homemake)	done during mo tired.)	DN st of working	16b. KINO OF BU	SINESS/INDU	STRY	
17. FATHER'S NAME (First, Thomas	Middle, Lest) Robinson	ı			18. MOTHER'S NAME ALICE C	(First, Middle, Meider arr	Surname)		
190. INFORMANT'S NAME Leo Stermo			19b. MAILING AD 3646 Ma	acAlpin	nd Number of Rural Royal reRoad ell	lcott Ci	ty <sup>stote, 2</sup> 21	<del>74</del> 3	
20a. METHOD OF DISPOSI 1	ion 3 🗆 Removel	from State of	b. PLACE AND DATE OF	FOISPOSITION	Inc	4 / 1 8		ty or Town, Stata	
21. SIGNATURE OF FUNER	AL SERVICE LICENS	Withe		Harry	H Witzke	Funeral	Home I	Inc ott City .	
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific	itions, ediate ving c	OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):		Fa. (un		N ALITTOPRY	Interval Between Oneet and Desti	
- One against	ant conditions of		out not reading in		g couse given in Fa		RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER?	H	OSPITAL:		THER:	ACE OF DEATH (Check				
27. MANNER OF DEATH  1 Natural 5	Pending	28e. DATE OF INJURY (Morith, Day, Year)	28b. TIME C	OF 28c. IN.		d. OESCRIBE HOW	INJURY OCCU	URED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stre	et, factory, offic	9 2	61. LOCATION (Street City or Town, State	and Number o	or Rural Route Number,	
one)			wiedge, death occurred a					d. cause(e) and manner sa stated.	
296. SIGNATURE AND TITE	LEFOF CERTIFIER	>			DEO 7	S 8	29d. DATE	SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS	the lat	WENT PO	EATH (ITEM 27) (SOP) Pr	Tumbu	a hD s	44014			
3t. DATE FILEO (Month; De		32. REGISTRAR'S SIG	NATURE						

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6, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OX 1314	be executed	sician and con rior to burial,	traumatic e
P.O. BC	ath certificate	tending phys al Hygiene pi	or other
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	es that the dea	gned by the at	s any injury,
L REC	e law requir	has been si Dept. of He	23 show
F VITA	YSICIAN: Th	s certificate th the State	id, or item
SIONO	TENDING PH	DR: After thi	8 is marke
Ž	ITAL OR AT	RAL DIRECT 72 hours a	If Nem 2
	TO THE HOSP	TO THE FUNE be filed within	IMPORTANT

1 - STATE REGISTRAR		STATE OF I		CERTIF	ICATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (F							2. DATE OF DEATH MONTH		3. TIME OF DEATH	
4. SOCIAL SECURITY NU			7. DATE OF BIRTH	5 9 4 •	2   8:15 A BIRTHPLACE (State or Foreign Country) Baltimore					
4005	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  1995 Mulberry  Baltimore, Md.							9c COUNTY Balti	OF DEATH	
1945 M RESIDENCE OF D 100. STATE Md.	10b. COUNT	r ltimore			y, town on Local					
	.945 Mulberry Street				7	Of, ZIP CODE			USA	
3 Widowed 4 D	11. MARITAL STATUS  1 Never Married 2 Married  32 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA				If yes, s		NIC ORIGIN? (Specify van., Puerto Ricen, etc.) ly:		RACE — American Indian, Black, White, atc. Specify: Black	
(Specify Elementary/Secondary		(Give kind of work done during most of working  College (1-4 or 5+)  (Give kind of work done during most of working  life. Do NOT use retired.)			16b. KIND OF 8	IUSINESS/INDUS	te Industr			
	** 1						AME (First, Middle, Meid		7101	
190. INFORMANT'S NAME Mayol		see				end Number or Rural	Route Number, City or 1			
20a. METHOD OF DISPOSITION   10   10   10   10   10   10   10   1								е		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Eugene R. Price Fu  Home										
iMMEDIATE CAUSE ( disease or condition resulting in death)  Sequentially list con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L	ditions, nedlate LYING njury	b. DUE TO		SEQUENCE C	PF):	of !	seod and	d New	Interval Betwee	
PART II. Other algnif	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in						PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN MALLABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERREI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	25. WAS CASE REFERRED TO MEDICAL. 26. PLACE OF DEATH (Check only one)									
	Pending	1 Inpatient 2		28b. Til	WE OF 28c. II	JURY AT	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUP	RED	
2 Accident 3 Suicide 8 4 Homicide	Personny   M   1   YES 2   NO						Rural Route Number,			
and .							e to the cause(e) and retime, date and place,		cause(s) and manner as stated	
296. SIGNATORE AND I	TLE OF CERTIFI	m m	Servin	. Chu	il Fell	29c. LICENSE NU	62U	29d. DATE S	HONED (Month, Day, Year)	
Glenn J	. begg	ser MO	anc:	docy (		00 N.W	010 51 Ba	house	mo	
AAR 13	1992		AR'S SIGNATUR	delle						



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DIVISION OF VITAL RECORDS, P.C. BOX 68760,	The second secon
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	nsit permit. Pages 1, 2, 3 should	
can be executed within 24 hours after earth. Page 6 may be retained by the hospital or attending physician	in and comparenty filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should to burial, cremation, or removal.	must be notified at once
ted within 24 hours after death. Page	, certificate has been signed by the attending physician and comparery filed in by the funeral director, page 5 should be detact In the State Dept, of Health and Mental Hygering prior to burial, cremation, or removal.	event the medical examiner
Cert	nding physicis Hygieme prior	s any injury, or other traumatic
THE MOST LAL UR ALLENDING PRYSICIAN: The law requires that the death	9: After this certificate has been si or death with the State Dept. of He	is marked, or item 23 show
THE HUSPITAL OR ALLE	THE FUNERAL DIRECTOR: After this of filed within 72 hours after death with	PORTANT: If Item 28 is marked.

	FOR 1 STATE	STATE OF MARYLAN	ID / DEPAF	RTMENT OF	HEALTH AND	MENTAL HYGIEN	NE	92 10102		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	itakes	CERTIF	ICATE OI	DEATH	REG. NO 2. DATE OF DEATH MONTH /	).	S. TIME OF DEATH		
	110 00 1010	5. SEX 6. AGE (In y	rs. Jast birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BHITH	9.	BIRTHPLACE (State or Foreign Country)		
TOR	90. FACILITY NAME (If not institution, give stre  SIGNAL MOSCIFF. 6  RESIDENCE OF DECEDENT	FACILITY NAME (If not institution, give street and number)  Since Mosciff of Bathmers  Bathmers  Bathmers								
DIRECTOR	10s. STATE 10b. COUNTY	altinore	Y, TOWN OR LOC		10d. INSIDE CIT LIMITS? 1 Des 2					
FUNERAL		OTT DR		1	2/2	16	10g. CITIZEN	OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black						
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)			USUAL OCCUPATI work done during n se retired.)		Bethl	siness/indus	Steel		
BE CO	Haney Stok	es			Bess	AME (First, Middle, Meider	-			
10	196. INFORMANT'S NAME (Type/Print)  ANNA Stokes  2716 Ellicot-t Drive Baito. Md. 21216									
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	- A No	ACE AND DATE OF OR OTHER	M Com	etern	4-14-12 7	Dalto	or Town, State		
	21. SIGNATE OF FUNERAL SERVICE LICES	S. 1 cott	_	Mar 430	1 plus Go	reral Ho	ne-li	) est b. md. 21215		
	23. PART . Enter the diseases, or conshock, or heart failure. List immediate CAUSE (Final disease or condition resulting in death)	Strolle	i line.		ode of dying, aud	ch as cerdisc or resp	iratory arrest	Approximats interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?   1   YES 2   NO									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAC:	m 3 🗆 DOA	OTHER:	LACE OF DEATH (C					
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	IANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  25b. TIME OF INJURY WORK?  M 1 VES 2 NO					NJURY OCCUR	ED		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm, s	treet, factory, offi	te .	251, LOCATION (Street City or Town, State)		lural Route Number,		
COMPLETED	one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge On the besis of examination and						use(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIONED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Time Print)										

30. NAME AND ADDRESS OF PERS Thacker D. R 31. DATE FILED (Month, Day, Year) APR 1 3 1992 2/215

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH.										
	ELLIE T.	I KAP	ANI				MONTH DA		924 645 AM		
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last		DER 1 YEAR	IF UNDER 24		DATE OF BIRTH	1	B. BIRTHPLACE (State or Foreign		
	214-03-0838 10M27	73	YRS. MONTHS	DAYS	HOURS I	AIN.	(Month, Day, Year)		Country)		
	Sa. FACILITY NAME (If not institution, give street and number	or)	9b. CI	TY, TOWN	R LOCATION	OF DEATH	70-78	9c. ÇOUN	TY OF DEATH		
S.	JI-JOSEPH HOSPITAL		17	sand.	on 1	no			BALIO		
5	RESIDENCE OF DECEDENT				- 1 /						
DIRECTOR	10a, STATE 10b, COUNTY		10c. CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?		
	110 134110		15A2	Mini	,				1 TYES 2 NO		
FUNERAL	10e. STREET AND NUMBER	የ አ.		101	ZIP CODE	-/-		An a	ZEN OF WHAT COUNTRY?		
N.	302	<u> </u>			212	-		H.	71.1		
5	1 Name Married 2 Harried FORCES?	EDENT EVER IN U.S. ARM	IED 13	If yes, spi	cify Cuban, I	faxican, Pr	ORIGIN? (Specify Yes uerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.		
BY	Widowed 4 Divorced IF YES, G	IVE WAR OR DATES X		1 TES	2×140	Specify:			Specify: Whit=		
	15. DECEDENT'S EDUCATION	16a, DEC	EDENT'S USUAL	OCCUPATIO	iΝ		16b. KIND OF BUS	INESS/IND	ICTRY		
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4	(Gh	e kind of work don Do NOT use retired	ne during mo	st of working		1000 10110 01 000		,01111		
립	12		shier					_			
O	17. FATHER'S NAME (First, Middle, Last)	L Ga	SILLET		18, MOTHER	'S NAME	First, Middle, Meiden		-		
	Alphonso Esposito					Anna					
BE	19s. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRE	\$8 (Street a			Number, City or Town		Code)		
2	Anthony J. Trapani , Jr				ne as						
i	Burlal 2 Cramation 3 Removal from State	20b. PLACE AF	NO DATE OF DISPO	OSITION (Na	me of		DATE 20c. LOC	ATION - C	Ity or Town, Stata		
	4 Donation 3 Other (Specify)	cemetery, crem	y Valle	ey Mer	n. Grd	ns 4	/15/92 1	imon	ium ., Md.		
	21. SIGNATURE OF EDNERAL SERVICE LICENSEE	1 //	25	2. NAME AN	D ADDRESS	OF FACILIT	TY				
	> ( Toward & Albaha	1 /2-							Rd. 21204		
	23. PART f. Enter the diseases, or complications	that caused the dea	th. Do not ente	Ruck	Towso	n Fu	neral Ho	ne .	Inc.		
	ahock, or heart failure. List only one	cause on each line.	in bo not one	/	ao or aying	, aucii aa	cerulac or reapil	atory arre	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	2000	0:	_ /	COA.	4	el.		Onset and Death		
H	resulting in death)	E-TO (DR AS A CONSEQU	IENCE OF:	9/	OBL	P	00		Min		
,	Vul	In Du H	864 (5	DIO	2010	105	2.Mar.	n to	Dil Ver		
ō	Sequentially list conditions, b. Vulmely Heart Heart Heart Colomany Chillips flans for any consequence of):										
CERTIFICATION	cause. Enter UNDERLYING	Lon me	27,6	4/8	cur	6	e auce	-	Jean		
프	CAUSE (Disease or Injury that Initiated events DUE TO (DR AS A CONSEQUENCE DF):										
E	resulting in death) LAST										
	d										
	PART II. Other significant conditions contribution	or to death but not re	arilling in the r	und a dula a		e le Desi					
₹ I	PART II. Other significant conditions contributing	g to death but not re	aulting in the s	underlying	cause give	n in Pari	t i. 24e. WAS AN /		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO		
EDICAL	PART II. Other significant conditions contributing	g to death but not re	aulting in the u	underlying	cause give	on in Par	24e. WAS AN PERFORI	WED?			
MEDICAL	PART II. Other significant conditions contributing	g to death but not re	aulting in the c	underlying	cause give	on in Pari	PERFOR	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
- 1		g to death but not re	aulting in the s				PERFORI	WED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
- 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	L:	ОТНЕ	26. PL ER:	ACE OF DEAT	H (Check o	PERFORI	WED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
- 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO 1 Inpetiant	_: 2	DOA OTHE	26. PL ER: ursing Hom	ACE DF DEAT	H (Check o	PERFORI 1 YES 2.	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetient  26. DAT  1 Netural 5 Pending	L:	ОТНЕ	26. PL ER: ursing Hom 28c. INJI	ACE DF DEAT  5 G Reside  JRY AT  RK?	H (Check o	PERFORI	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO 1 Topestent  27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation 28. PLA	: 2 ER/Outpetient 3 E OF INJURY	DOA OTHE 4 NO NO NO NO NO NO NO NO NO NO NO NO NO	26. PL ER: uraing Home 28c. INJI WO 1  Y	ACE DF DEAT  5	H (Check o	PERFORI  1 YES 2.  Other (Specify)  d. DESCRIBE HOW IN	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO 1 Product 1 Propertient  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 2 26. P.J.	.: 2 ER/Outpetient 3	DOA OTHE 4 NO NO NO NO NO NO NO NO NO NO NO NO NO	26. PL ER: uraing Home 28c. INJI WO 1  Y	ACE DF DEAT  5	H (Check o	PERFORI  1 YES 2.  Other (Specify)  d. DESCRIBE HOW IN	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Popular 1  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PL	.: 2 ☐ ER/Outpatient 3 ☐ TE OF INJURY nth, Dey, Year)  ICE OF INJURY — At hom ding, stc. (Specify)	DOA 4 N. 28b. TIME OF INJURY M.	28. PL ER: ursing Hom 28c. INJ 1 V ectory, office	ACE DF DEAT  5   Reside  REY AT  REY 2   N	H (Check o	PERFORI  1 YES 2.  Other (Specify)  5. DESCRIBE HOW IN  City or Town, State)	MED?	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  OF Rural Route Number,		
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	.: 2 ☐ ER/Outpatient 3 ☐ E OF INJURY nth, Dey, Year)  CE OF INJURY — At homeling, etc. (Specify)  ast of my knowledge, deat	DOA OTHE OF INJURY Me, farm, atreet, fe	26. PL ER: uraing Hom 28c. INJI WO 1  Yestory, office	ACE DF DEAT  5   Resid	H (Check o	PERFORI  1 YES 2.  Other (Specify)  4. DESCRIBE HOW IN  LOCATION (Street as City or Town, State)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  OF Rurel Route Number,		
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BE COMPLETED BY PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO 1 To Inpetient  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis	E OF INJURY  nth, Dey, Year)  CE OF INJURY — At hom ding, etc. (Specify)  ast of my knowledge, deat a of axamination end/or in	DOA OTHE 4 N. 28b. TIME OF INJURY M e, farm, atreet, fa h occurred at the veatigation, in my	26. PL ER: uraing Hom 28c. INJI WO 1  Yestory, office	ACE OF DEAT  5	H (Check o	PERFORI  1 YES 2.  Other (Specify)  1. DESCRIBE HOW IN  City or Town, State)  The cause(a) and mani, data and place, and	MED?  IND  IND  IND  IND  IND  IND  IND  I	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  or Rural Route Number,  d. cause(s) and menner as stated.		
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BE COMPLETED BY PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   TO   1   Inpetion  27. MANNER OF DEATH  1   Natural 5   Pending Investigation  3   Suicide 6   Could not be determined  29e. CERTIFIER (Check only 2   MEDICAL EXAMINER On the basis  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED	E OF INJURY  nth, Dey, Year)  CE OF INJURY — At hom ding, etc. (Specify)  ast of my knowledge, deat a of axamination end/or in	DOA OTHE 4 N. 28b. TIME OF INJURY M e, farm, atreet, fa h occurred at the veatigation, in my	26. PL ER: uraing Hom 28c. INJI WO 1  Yestory, office	ACE DF DEAT  5  Realds  JRY AT  ES 2 N  and place, an eath occured of	H (Check o	PERFORI  1 YES 2.  Other (Specify)  5. DESCRIBE HOW IN  City or Town, Stee)  The cause(a) and mann, data and place, and	MED?  JURY OCCI  Manual Aumber of the state of due to the	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  or Rural Route Number,  d. cause(s) and menner as stated.		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING BHYSICIAN. The law requires that the death partitions he averaged within 2s hours atte
5	S

	FOR STATE REGISTRAR PER PECEDENT'S NAME (First,	, Middle, Last)	Karda	e She	eree	Tay1	or			2. DAT	E OF OEATH		Me . a	3. TIME OF OEATH	
	KARDAE ,			HERE	TAYLOR			04 08 199			992	5:33 A.			
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.		OF BIRTH		8. BIRT	HPLACE (State or Foreig	
	14-35-12		1 M 2 F		YRS.	3		21611	= 111	1	2	92	Man	cyland	
	FACILITY NAME (If not in		treet end number)					OR LOCATI	ION OF DE	EATH			JNTY OF		
	503 RHOM R					LOCE	HEAR	V				BAL	TIMO	RE	
10a.	. STATE	10b. COUNTY	1		10c. Cf	TY, TOWN	OR LOCA	TION :						10d. INSIDE CITY	
_	aryland		imore		L	oche	arn							1 X YES 2 NO	
	STREET AND NUMBER						10	. ZIP COD	E			10g. CI1	TIZEN OF	WHAT COUNTRY?	
	503 Rhom	Road						2120					USA		
10	Never Married 2  Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2	≥ XNO	- 1	If yes, sp	ecify Cubi	ın, Mexica	n, Puerto	N? (Specify Ye Rican, etc.)	es or No—	Blac	14. RACE — American Indian, Black, White, etc. Specify: Black	
	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	16	Give kind of	S USUAL O	CCUPATIO	ON ast of working	ng	16	b. KIND OF BL	SINESS/IN	DUSTRY		
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17	FATHER'S NAME (First, M	liddia Last)						40. ***		1					
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	INFORMANT'S NAME (7)				19b. MAILIN	G ADDRES	S (Street a				nber, City or Tov	_	lo Codel		
Pa	aula L.	Taylo	or		3503	Rho	m R	oad	Ba	lti	more,	Maı	ryla	nd 2120	
	METHOD OF DISPOSITI		numl for— Or -	20b. PL.	ACE AND DATE	OF DISPOS	SITION(Na			_		OCATION -			
1 XBuriel 2 Cremation 3 Removal from State cemetery, crematory or						other place!	1			3					
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AND THE REAL PROPERTY AND

	1. DECEOENT'S NAME (First, Middle, Last)	THOMAS JA		LLIAM	S	2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Morgh, Day, Year)	8. Bi	RTHPLACE (State or Foreign buntry)
	9a. FACILITY NAME (If not Institution, give street and number		YRS.	CITY TOWN	OR LOCATION OF D	13/11/1	Per	nnsylvania
DIRECTOR		PITAL	90. (	-		(TOWSON)		imore
E C	10a. STATE 10b. COUNTY		10c. CITY, TOW	VN OR LOCA	TION			10d. INSIDE CITY
	Maryland Baltimore		Timon	ium				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
N N	2400 Chetwood Circle,	Apt. 204 DENT EVER IN U.S. ARI	MEO	13 WAS DEC	21093	NIC ORIGIN? (Specify Yes	U.S.	A .  ACE — American Indian.
	1 Never Married 2XXMarried FORCES?	1 🔀 YES 2 □ No VE WAR OR DATES	0	If yes, sp	ecify Cubsn, Mexics	n, Puerto Rican, etc.)	В	Hack, Whits, etc.
D BY		orea & WW						hite
ETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed)	(Gh	CEOENT'S USUA ve kind of work do Do NOT use retire	L OCCUPATE one during mo ed.)	ON ast of working	16b, KINO OF BUS	INESS/INDUSTR	Υ
3	Elementary/Secondary (0-12) College (1-4 c	N 3+1	sonnel			U.S.Arı	nv	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)	
BE	Thomas Russell Williams					Ester Kni		
2	Melba M. Williams		Same as		and Number or Rural	Route Number, City or Town	1, State, Zip Code)	)
	20s. METHOD OF DISPOSITION 1 ☑ Burist 2 ☐ Cremetion 3 ☐ Removal from State	20b. PLACE A	ND DATE OF DIS		ame of	DATE 20c. LO	CATION — City or	r Town, Stats
	4 Donation 5 Other (Specify)	Dulane	y Vall	ey Mei	m.Gdns.	4/13/92 T:	imonium	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//		Ruck	TOWSON .	Guny Funeral Hor	ne, Inc	•
<u></u>	- An Ulm	1				., Towson,		204
	23. PART I. Enter the diseases, or complications shock, or heart fellure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in death)	TAPHYLO				h as cardlec or respi	ratory arrest,	Approximate Interval Between Onset and Daath
		TO (OR AS A CONSEO	UENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING	TO (OR AS A CONSEG	UENCE OF):					
ERTIF	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	TO (OR AS A CONSEO	UENCE OF):					
	PART II. Other algnificant conditions contributing	10 deeth but not re	sulting in the	underlyin	g ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL	ACUTE RENAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	ISCHEMIC HE	HAY DIS	EASE			_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	ack only one)		
SIC	EXAMINER?  1 YES 2 NO 1 Inpetient	2 ER/Outpetient 3		IER:		6 Other (Specify)		
BY PHYSICIAN		OF INJURY h, Day, Year)	28b. TIME OF INJURY	28c. INJ WO		28d, OESCRIBE HOW IN	JURY OCCURED	
8	3 Suicide 28s. PLAC	E OF INJURY — At horning, etc. (Specify)	ne, førm, street,	factory, offic		28f. LOCATION (Street s City or Town, State)	nd Number or Run	ral Route Number,
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis	of examination and/or in	westigation, in n	ny opinion, d	eath occured at the	time, dats and place, and	d due to the caus	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  The second s	P 50	AFFN	סר	D 30	263	29d. DATE SIGN	IED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF PARSON	ST- Ja	27) (Type, Print) SEPH	HO.	SPITAL	Osler D	r., Tov	vson, Md.2120
	APR 13 32. REGIS APR 13 1992	TRAN'S STOMMTURE	idson-Par	place	***		4	

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

			1			
Item10€7 ,Film Items: 23	1687,5/8/92,1 part I,I	t I,27,28a,	b,c,d,e,f	, per	MEO 5/6/92 TAL HYGIENE	92 10106
nedis man		ARYLAND / DEPAR CERTIF	TMENT OF HEALTI	H AND MEN	TAL HYGIENE REG. NO.	
DECEDENT'S NAME (First, Middle, Las BERNARD		WI	LLIAMS		ATE OF DEATH ONTH DAY	3. TIME OF DEATH 10:20 A M
. SOCIAL SECURITY NUMBER 212-40-7317	5. SEX 1 M 2 F	AGE (In yrs. lest birthday) YAS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	MIN. (*	ATE OF BIRT(1) /2()/44 Aonth, Day, Year)	8. BIRTHPLACE (Stare or Foreign Country)
FRANKLIN SQUARE			96. CITY, TOWN OR LOCA ROSSVILLE	TION OF DEATH	BALTI	TY OF DEATH  IMORE
DA. STATE 10b. COUN	HTY	P 1	Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
No. STREET AND NUMBER	6 Shallow		rive 101. ZIP CO	DE '	10g. CITIZ	1 YES 2 NO
MARITAL STATUS	V ( ) ()	Ve	9	210 40	4	LSA
Never Married 2 Married Widowed 4 Divorced	FORCES? 1	YES 2 NO	13. WAS DECENDENT If yea, specify Cut 1  YES 2 NO	ban, Mexican, Pue		14. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	de completed)	16a. DECEDENT'S (Give kind of tille. Do NOT us	USUAL OCCUPATION work done during most of work to retired.)	king	16b. KIND OF BUSINESS/INDU	USTRY
ciementary/secondary (U-12)	College (1-4 or 5+)	Super	VISOR LO	Store		
REDNADA	ide = . Jan	William	18. MO	THER'S NAME (FI	rst, Middle, Maiden Surname)	
I. INFORMANT'S NAME (Type/Print)	11	19b. MAILING	ADDRESS (Street and Numb	er or Rural Floute I	Number, City or Town, State, Zip I	Code)
WithONV W.	MAMS	1484 4	PARFORD Sq.	Dr. Ed	sewood Md	21040
De. METHOD OF DISPOSITION  III Surlet 2 Cremation 3 Re  Donation 6 Other (Specify)	moval from State	20b. PLACE AND DATE ( cemetery, gramatory prior	OF DISPOSITION (Name of	or H	DATE 20c. LOCATION - C	Olty or Town, State
SIGNATURE OF FUNERAL SERVICE	LICENSEE	Herry HI	22. NAME AND ADDR	ESS OF FACILITY	AL TIMIC V	IVER MA
· WMZ. I	mour		William	4 C.BR	ELDA LIAL L	Marth pir
3. PART I. Enter the diseases, o ahock, or heart failure	r complications that on. List only one cause	caused the death. Do r	not anter the mode of d	ying, such as	cerdiac or reapiratory arre	Approximata Interval Between
AMEDIATE CAUSE (Final Issues or condition			opathy due			Onset and Death
esulting in death)	a.arrhyth	MIA GURIN R AS A CONSEQUENCE OF	g intraope	erative	e anesthesi	a
equentially list conditions.	b					
any, leading to immediate use. Enter UNDERLYING	006 10 (0	R AS A CONSEQUENCE OF	5):			
AUSE (Disease or Injury lat initiated eventa sulting in death) LAST	DUE TO (O	A AS A CONSEQUENCE OF	7):			
	d					
ART il. Other aignificent condition			n the underlying ceuse	given in Part i	. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Osteomyeliti	s and di	abetes			1 DYES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?				DEATH (Check onl	y one)	
1 X YES 2 NO	HOSPITAL: 1  Inpatient 2 □ E	R/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 F			
MANNER OF DEATH	28a. DATE OF IN (Month, Day,	Year) INJ	URY WORK?		DESCRIBE HOW INJURY OCCU	Cardiac
2 X Accident Investigation	28a. PLACE OF 1	92 UK		ar GT		g anesthesia:
3 Suicide 6 Could not b	Hospi	L (Specify)	,	Ba	City or Town, State) 9000	Franklin Sq
. CERTIFIER 1 CERTIFYING PHY			od at the time, date and place		cause(a) and manner as state	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29c. LICENSE NUMBER O.C.M.E.

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PENN STREET, BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE SEE

▶04/08/92

_		REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO.			
	l.	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O			3	. TIME OF DEATN
			ETTA ELIZA	BETH	WAGNER	1		MONTH	1 O DAY		YEAR	Time or weath
		4. SOCIAL SECURITY NUMBER		GE (In yrs. les		UNDER 1 YEAR		Apri		1992		
- 1	- 1	213-74-2179		8		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month,	2, 189		Country)	ace (Stete or Foreign
9	i			0					2,189	93	N. Ca	arolina
3 should	-	9e. FACILITY NAME (If not institution, give s					OR LOCATION OF DE	ATH		9c. COUNT		TN
N	DIRECTOR	Bel Air Nursing	& Convales	cent	Ctr.	Bel A	Air			Har	ford	
00	5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,									
( Se. )	E -1					OWN OR LOCA	ATION				10	Dd. INSIDE CITY LIMITS?
		Maryland	Harford		Fal	lston					1	YES 2 NO
8	ERAL	10e. STREET AND NUMBER				10	Of. ZIP CODE			10g. CITIZE	N OF WHA	AT COUNTRY?
. Insit		1108 Peach Tree	Rd.				2104	7		_ 1	U.S.A	Α.
020 physician. burial-transit	N N	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. AR	MED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN?	Specify Year	or No 14	. RACE -	American Indian,
P P P		1 Never Merried 2 Merried	FORCES? 1 Y		10	If yes, s	pecify Cuban, Mexical S 2 X NO Specify	n, Puerto Ric	en, etc.)		Black, W Specify:	Vhite, etc.
ding ding	à	3 Wildowed 4 Divorced					open,				Specify.	white
21215-0020 if or attending physic for use as the burial	G	15. DECEDENT'S EDU (Specify only highest grade	CATION	18e. DE	CEDENT'S US	UAL OCCUPAT	ION	16b. K	IND OF BUSI	NESS/INDUS	TRY	
21 Por u	i li	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use re	done during m tired.)	lost of working					
D spltz	<u> </u>	7 Yrs.		Ho	use wi	fe			Home			
AND the hospit detached	COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Mic	die Maiden S	umemel		
3 8 4			Lot W. Gr	eene			Edi		Watso			
MARYLAND retained by the hospit 5 should be detached notified at once.	ן מ	19a. INFORMANT'S NAME (Type/Print)	202 02		MAILING AO	OBESS (Street	and Number or Rural F					
MAR should 5 should notified	2	Mrs. Ethel W. G	roono	1.00			Tree Rd.				210	2/. 7
Page be	ŀ	20e. METHOD OF DISPOSITION						_	_			
		1 X Buriel 2 Cremetion 3 Rem	oval from State	20b. PLACE A cemetery, cret	matory or other	PISPOSITION (A	Baptist C	92 DATE	20c. LOCA	ATION - CIT		
BALTIMOF ter death. Page 6 m the funeral director, val.	-	4 Donellon 5 Other (Specify)		upper	Cross	Kas.I	Saptist C	n Cem	·	ва	ldwir	n, Md.
ALTIN death. Pag funeral dis		21. SIGNATURE OF FUNERAL SERVICE LIC					ND ADDRESS OF FAC					
AL deat		▶ E. F. Lar	rohn			11-	750 P-1-:	E	.F.Las	sahn	Fune	eral Home 21087
B after s after the the the the the the the the the the		23. PART I. Enter the diseases, or o		end the de-	oth Do not	11/	30 Belai	r Ka.	Kings	SVILLE	e, Ma.	
		ahock, or heart fallura.	Liat only one cause or	n each lina.	ath. Do not	anter tha me	ode or dying, suci	n aa cardia	or reapira	itory arrea	ł,	Approximate Interval Batween
	П	IMMEDIATE CAUSE (Finel	p.									Onaet and Deati
		disease or condition resulting in death)	o Oun	gren	no							mo
3760, ted within completely ial, cremati			DUE TO (OR A	CONSEC	UENCE OF):	>	1.	,	-			14
cecuted within and completely o burial, cremal matic event,	2		Sever	k 1	Perid	nal	Vascer	las.	Dine	en 1		10 41er
A	3	Sequentially list conditions, if any, leading to immediate	OUE TO (OR A	S A CONSEO	UENCE OF				5 446	No.		1
O. BOX or certificate be ending physician and theygiene prior to an other traum	5	cause. Enter UNDERLYING CAUSE (Disease or Injury	e.									
S, P.O. B(death certificate attending physical entire through the property or other to		that initiated events	DUE TO (OR A	S A CONSEO	UENCE OF):					-		
P.O. attending mtal Hygie y, or oth	2	resulting in death) LAST	4									
	3											1
H 5 70 5 2		PART II. Other eignificent condition	e contributing to deet	but not re	eaulting in ti	he underlyln	g cause given in i	Pert I. 2	le. WAS AN AI			ERE AUTOPSY FINDINGS
RECOR requires that requires that on the Health an shows any	} ∥	De	mentin						YES 2		CD	MILABLE PRIOR TO DMPLETION OF CAUSE
O se se se m	į							_   '				DEATH?
								-			11	YES 2 NO
e law requested begging the begging of 123 should be 123 s		25. WAS CASE REFERRED TO MEDICAL										
	2	EXAMINER?	HOSPITAL:		O	THER:	LACE OF DEATH (Che	ick only one)				
SICIAN: The Settificate certificate in the State	- 11	1 TYES 2 NO	1 Inpatient 2 ER/O				ne 5 🗌 Residence	8 Other (S	pecify)			
OF PHYSIC this cer with the with the cer wit		27. MANNER OF DEATN  1 Natural 8 Pending	28a. DATE OF INJUF (Month, Day, Yea		28b. TIME OF	28c. IN.	JURY AT ORK?	28d. DESCR	IBE NOW INJ	URY OCCUP	IED	
ON O DING PHYS After this death with	: 1	1 Natural 8 Pending 2 Accident investigation				M 1 🗆	YES 2 NO					
NDIN NOIN		3 Suicide 6 Could not be	26e. PLACE OF INJU building, etc. (S	IRY At hor	ne, ferm, strae	t, fectory, offic	:0	281. LOCATI	ON (Street end	d Number or	Rural Route	e Number,
IVISION  A ATTENDING RECTOR: After Ins after death m 28 is ma	J	4 Homicide determined		poony)				City or	lown, State)			
~ ~ ~ = = = =		29a. CERTIFIER	MAN. To the heat of my bu			58						
			CIAN: To the best of my kn									
HOSPITAL FUNERAL Within 72 TANT: If	3   -		R: On the beele of examina	MOTI WIGON II	ivestigation, ir	i my opinion, i	eath occured at the t	lime, date en	d place, end	due to the c	euse(e) an	d menner ee stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If		296. SIGNATURE AND TITLE OF CERTIFIER	-1				29c. LICENSE NUM			29d. DATE S	ONED (IN	inth, Dipi, Year)
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	, IL	N. Oh	777				D3	465	- 2	1	1/9	142
F		30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	DEATH (ITEM	27) (Type, Prin	ne)				-	1	/
1		Dr. Scott	Haswell	M. D.	62	0 Bolt	on St. B	el Ai	r, Md.			
- 10		31. DATE FILED (Month, Day, 'Year)	32. REGISTRAR'S SI	GNATURE					,			
4		APR 13 1	992 Julie	Devido	Mande	22-						
	_1_	711 - 0	YW.	4 444	12.0	PAGE .						

FRIA.

8	10	6	Ĕ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
PH.	tely	mati	1, 2
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Ted	500	ia.	6
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at	à	and	N
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ME	SS	Pept	23
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0	10	9	MP
-	-	-	-

	REGISTRAR	CERTIF	ICATE O	F DEATH	REG. N	O.		
S. I. Descriptor	1. DECEDENT'S NAME (First, Middle, Last) HARRY J. WOR				04	0AY C	3. TIME OF DEATH	
		yrs. last birtnday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Apr. 7,	1921	a. BIRTHPLACE (State or Foreign Country) Pennsylvania	
	9a, FACILITY NAME (If not institution, give street and number)		96. CITY, TOW	OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH	
DIRECTOR	Howard County Hospital		Со	lumbia		H	oward	
EC	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	ATION			10d. INSIDE CITY	
	Penna. Delaware	1	Media				1 YES 2 NO	
FUNERAL	500 N. Lemon St., Apt. B-9			19063		10g. CITIZ	U.S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN 0 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 3NO	If yes,	ECENDENT OF HISPAI specify Cuben, Mexica ES 2XXNO Specif		es or No	14. RACE — American Indian, Black, White, etc. Specify: White	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S	USUAL OCCUPA		18b. KIND OF 8	USINESS/IND		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT us	se retired.)	most or working				
M	17. FATHER'S NAME (First, Middle, Lest)	Accou	ıntant		ME (First, Middle, Melde	Pont		
	Raymond B. Worrall				lone Reic			
BE	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		Route Number, City or To		Code)	
5	Nancy Kurtzman (daughter)				Ellicott			
	20s. METHOD OF DISPOSITION 1	PLACE OF DISPOS other place)	SITION (Name of	cemetery, cremetory or	20c. I	OCATION —	City or Town, State	
	4 Donation 5 Other (Specify)	Med	lia Cem	etery AND ADDRESS OF FA		Media,	Penna.	
	David 2. Va	Tiers				e, Fal	ls Church, VA	
	23. PART I. Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on eet	the death. Do i	not enter the i	node of dylng, suc	h aa cardiac or rea	piratory arr		
	IMMEDIATE CAUSE (Fine)						Interval Betw Onset and De	
	disease or condition			SIS			3 DA	
	DUE TO (OR AS A C						IWEE	
O	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE O	F):				Twee	
CAT	CAUSE (Disease of Internal C. CHRONIC L	YMPHOC	YTIC L	ENKEMI	P		IZYEN	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  3 DAY							
			la de a a d					
EDICAL	ASPLENIS M	t not resulting	in the underly	ing cause given in	PERF	ORMED?	24b. WERE AUTOPSY FINDS MAJLABLE PRIOR TO COMPLETION OF CAUS	
EDI	HOP CENTS IN				1 TES	2 NO	OF DEATH?	
Σ							1 TYES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (C/	neck only one)			
SIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpet	tient 3 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Specify)			
PHYSICIAN: M	27. MANNER OF OEATH  1- Natural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 20c.	INJURY AT WORK?	28d. DESCRIBE HOV	V INJURY OCC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specif	— At home, ferm,			281. LOCATION (Stre- City or Town, Sta		or Rural Route Number,	
ETE	4 Homicide determined							
COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination							
BE	Speed & Hillows (W)			29c, LICENSE NU	4	29d. DATI	E SIGNED (Month, Day, Year)	
2	ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT			-			100 100	
	9501 OLD ANNAPOLIS ROA			TY, MAR	YLAND	2104	2_	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	TURE Danda	el .					
	APR 13 1992   Guha Davido	State State						

Section 1 to the section of the sect

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1. DECEDENT'S NAME (First, Middle, Last)

MAR 27 '92

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, M	liddle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	THOMAS		H			1	AND	REWS	, J1	03 2		992	5:00 A.M
	4. SOCIAL SECURITY NUMBER	1	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTN	IPLACE (State or Foreign
	572-68-8229		1 🖾 M 2 🗆 F	46	YRS.			100000		Oct. 30.	1945		ington.D.C.
-	an. FACILITY NAME (If not instit		·					OR LOCATIO		EATN	9c. COL	NTY OF D	EATH
P	900 BRANTF		AVE			SIL	VER	SPR	INC	3	PRI	NCE	GEORGES
DIRECTOR		Ob. COUNT	Y		10c. CIT	Y, TOWN O	A LOCA	ATION					10d, INSIDE CITY
1 1 1	Maryland	Prin	ce George	es	Nor	th Br	ent	hoow:					LIMITS?
A A	10e. STREET AND NUMBER							H. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
E S	3910 Webster	Str	eet					20722	2		United States		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. \	WAS DE	CENDENT O	F HISPA	NIC ORIGIN? (Specify Y		14. RACE	- American Indian
BY F	1 Never Married 2 Married 3 Divorce		IF YES, GIVE Y		LINO			s, specify Cuban, Maxican, Puerte Rica YES 2 NO Specify:				Speci	k, White, etc.
	1s. DECEDENT'S EDUCATION									Black			
COMPLETED	(Specify only h	ighest grade	e completed)		DECEDENT'S (Give kind of life, Do NOT us	work done o	CUPATI luring m	ION lost of workin	g	16b. KIND OF BU	JSINESS/IN	DUSTRY	
1 2	Elementary/Secondary (0-12	2)	Cottege (1-4 or 5	+)		= 1571/1							
S	17. FATNER'S NAME (First, Midd	lle. Lest)	4		river			10 MOTA	ED'S N	Taxi ME (First, Middle, Maide)		_	
U U	Thomas Henry		rews								i Sumame)		
0	18s. INFORMANT'S NAME (Type		20113		19b. MAILING	ADDRESS	(Street			COTT Route Number, City or To	wn. State 7	o Code)	
유	Janice A. Bu	ırton	1							., Silver			MA 20005
	20a. METHOD OF DISPOSITION	V □ □ □	and from Cara	20b.PLAC	E AND DATE	OF DISPOSI					OCATION -		
	4 Donation 6 Other (Specify) Suburban Crematory 3/25/92 Silver Spring Md												
	21. SIGNATURE OF FUNERAL S	ERVICE LI	- //			22.1	IAME A	IND ADDRES	SS OF FA	CILITY			
	fully "	1 ac	19 m	ne		74	Gu1	re Fu	ner	al Service Ave. N.W.,	, Inc		D 0
	23 PART I. Enter the dise	eses, or	complications the	t coused the	deeth. Do r	not enter	the mo	ode of dyl	ng, auc	h as cerdiac or resp	piratory ar	rest.	Approximate
	ahock, or hea IMMEDIATE CAUSE (Finel	rt fellure.	List only one cau	ise on each ile	ne.								Interval Between Onset and Death
	disease or condition resulting in death)		SHOTI	(O) U	12019	ND	04	ZNE	CIC				Onset and Death
	roading in death,		DUE TO FOR AS A CONSEQUENCE OF):										
N	Sequentially list condition		b										
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING				EOUENCE O	F):							
윤	CAUSE (Disease or Injury that initiated events		c	(OR AS A CONS	FOUENCE O	R.							
E	resulting in death) LAST		7	(0111001100110	LOGENOE O	, ,.							
뜅		-	o										
EDICAL	PART II. Other algnificent	condition	ns contributing to	deeth but not	resulting	in the und	derlyin	g ceuse g	iven in		NAUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă										I YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?
×										_			1\2 YES 2   NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO A EXAMINER?	MEDICAL	HOSPITAL:			OTHER				eck only one)			
14S	1 X YES 2 NO		1 Inputient 2			4 🗆 Num	ing Hon	ne 5 🗆 Ra	aldence	6 Ty-Other (Specify) 9	00 E	RAN	FORD AVE
	1 Netural 5 Per	nding	28a. OATE OF (Month, D	ay, Year)		URY	ZBC. IN.	DRK?		28d. DESCRIBE NOW	INJURY OC	CURED	-
B		estigation		-1992 FINJURY - ALI	5:0		-	YES 2	NO	SUBJECT			
윤	0 0	uld not be armined	building,	etc. (Specify)		REET	-	:0		28t. LOCATION (Street City or Town, State	)	_	
9	29a. CERTIFIER									900 BRAN			VE.
₹	Substitute   Subst												
	290 SUDNATURE AND TITLE OF				- Investigatio		mnion, c						
H	Della De	he	4-08/					29c. LICE			1		(Month, Day, Year)
임	30. NAME AND ADDRESS OF P	ERSON WN	O COMPLETED CAUS	SE OF OFATN (IT	FM 27) (%ne	Print)		O.C	· IvI ·	E.	0.3	-22-	-1992
	MARGNAM	10.	Koler				ST	REET	BA	I TIMORE	MARY	TAN	D 21201
	31. DATE FILED (Month, Day, Yes	1)		B'S SIGNATOR	2,52		1		102	- 1-10111	. 14 11/	- 4 2 1 L V	2.201.
	MAR 27 '92		Hit on than	Idonas									

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	_	2004	-	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	), or removal.	medical evaniner much be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely fill	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ten 28 is marked or liam 23 shows any injury or other traumails event the medical examiner must be notified at once

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last	ALEXANI	משום משום	ISON		2. DATE OF OEATH MONTH 03-19-19	YEAR	3. TIME OF OEATH			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign			
530 - 13 - 2376  9a. FACILITY NAME (If not institution, give	1 M 2 □ F	7 YRS.			02-06-198	5 Ne	vada			
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  5649 Phelps Luck Drive  Columbia  Howard County  RESIDENCE OF DECEDENT										
10s. STATE 10b. COUN	ward Cour		Colui				10d. INSIDE CITY LIMITS? LOWER 2 NO			
100. STREET AND NUMBER 5649 Phelps Lu			10	21045	10	WHAT COUNTRY? USA				
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES PRODUCTION AR OR DATES	If yes, specify Cuban, Mexican							
15. OECEDENT'S EC (Specify only highest gra-	15. OECEDENT'S EOUCATION (Specify only highest grade completed)		USUAL OCCUPATI	16b. KIND OF BUSINI	ESS/INDUSTRY					
Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.)  Student Eleme						
17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)  Charles NAME (First, Middle, Lest)										
Jerry Noble Allison Susan Alix Zablotny										
198. INFORMANT'S NAME (Type/Print)  199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Susan A. Allison  5649 Phelps Luck Drive, Columbia, Mi						MD 21045				
20e. METHOD OF DISPOSITION  1 M Surfal 2 Cremation 3 Removal from State  4 Donation 8 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name policemetary crematory or other place) and the complete system of the place of the complete system of the place of the complete system of the complete sys										
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	M0053		ND ADDRESS OF FA	Slack F t City, Ma					
disease or condition resulting in deeth)  Sequentially list conditions,	a. CARDO OUE TO	OPULMONAR (OR AS A CONSEQUENCE OF RTROPHIC	Y ARI CARDIO	rest 2 Myopat	OBSTRUC APNE	A	3 moun			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. IHYPERTROPHIC CARDID MYOPATHY  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant condition	one contributing to	death but not resulting	in the underlyli	g cause given in	Pert I. 24a. WAS AN AU PERFORME	D?	Ib. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	LACE OF DEATH (C						
27. MANNER OF OEATH  1 Netural 8 Pending	28a. OATE OF (Month, L	INJURY 26b. Til	ME OF 28c. IN	JURY AT ORK?		8 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED				
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	OF INJURY — At home, farm, etc. (Specify)	RY — At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
anal and					a to the cause(a) and manne a time, data and place, and o		r(a) and manner as stated			
296. SIGNATURE AND TITLE OF CERTIF	onlon	_ wid		29c. LICENSE NU 15263 0	IST, OFCOLUM.	Pod. DATE SIGNE	22-92			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF OEATN (ITEM 27) (Type		es Mu	MC, BETHES	DA, M	10 5000			
31. DATE FILED (Month, Day, Year) MAR 2 5 '9'	2 32. REGISTRA	AR'S SIGNATURE	ndate		•					

3721 The state of the s

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages if be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

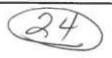
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR		SIMIC OF I	MANTLAN	CERTIF	ICATE O	F DEA	TH	MENIA	REG. NO			.0111
1. DECEOENT'S NAME (First,	Middle, Last)	·			-				OF OEATN	AY		3. TIME OF DEATH
Leonard	Russ	ell.	Ainsv	vorth				0.3	2.0		YEAR	8:00 PM
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER 1 YEA				OF BIRTN h, Day, Ybar)		8. BIRTI	IPLACE (State or Foreign
224 78 7435		1 🔀 M 2 🗌 F	40	YRS.	MONTHS DAY	8 HOURS	MIN,		ch l l	952	Vir	ginia
ae. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CITY, TOW	N OR LOCATI	ON OF DE	EATN		9c. COL	INTY OF D	EATN
Suburban F	lospi	tal Cen	ter		Beth	esda				Mor	tao	mery
RESIDENCE OF DEC	10b. COUNTY	,		10c CIT	Y, TOWN OR LO							10d. INSIDE CITY
Maryland	Prince	e George:	S	Bow		anion.						LIMITS?
10e. STREET AND NUMBER				DOW		101, ZIP COD	E			10n. C/3	IZEN OF V	NAT COUNTRY?
4711 Ramsga	te La	ne				2071	5					States
11. MARITAL STATUS		12. WAS DECEDEN			13. WAS I	DECENDENT (	OF NISPAN	NIC ORIGIN	N? (Specify Yes		14. BACI	E — American Indian.
1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR				No No		specify Cube (ES 2 1 NO		· -	Rican, atc.)			k, White, etc.  """ White
	EDENT'S EDU		16:	e. DECEDENT'S	USUAL OCCUP	ATION most of world	na	16b	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-	-	College (1-4 or 6	+)		work done during se retired.) tion Op				Donos			
12			3	- Sta	CION OF				Рерсо			
17. FATNER'S NAME (First, Mi						18. MOT	NER'S NA	ME (First, )	Middle, Maiden	Sumame)		
Leo G. Ains		Sr.			and the second second second	Vi	rgin	ia Sa	pps			
Mary Kathle	p or i inity	sworth			Ramsga							
20s. METHOD OF DISPOSITION			200.00				TE DO					
1 Buriel 2 Cremation 4 Donation 5 Other	n 3 🗌 Reme	oval from Stata	cameter	v. crematory or o	OF DISPOSITION ther place)			OAT		CATION -		The state of the s
21. SIGNATURE OF FUNERAL		ENSEE	Lak	cemont	Memoria 22. NAME	AND ADDRE	dens	GILITY	24/92	Day	ridso	nville Md.
Robert	E. 6	Evan	~ F	Pres.					al Hor			and 20715
23. PART I. Enter the dis	seases, or c	omplications the	t caused th	e deeth. Do r	not enter the	mods of dy	ing, suc	h se card	diac or resp	iratory sr	rest,	Approximats
IMMEDIATE CAUSE (Fin		List only one cer	rse on each	line.								Onset and Death
disesse or condition resulting in death)	<b>+</b>	Elect	nou	ria	ALD 5	Hon	MAL	· Kr	mar			
		DUE TO	(OR AS A CO	NSEQUENCE O	F):			5				
Sequentially list condition	ons.	b										
If any, leading to immed cause, Enter UNDERLYII	liate	DUE TO	(OR AS A CO	NSEQUENCE O	F):							
CAUSE (Disesse or Injur		CDUE TO	(OR AS A CO	NSEQUENCE O								
that initiated eventa resulting in death) LAS1	r											İ
		d										
PART II. Other significer	nt condition	s contributing to	death but r	not reaulting	in the underly	ing cause	given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS
								_	1 DES 2			COMPLETION OF CAUSE OF DEATH?
												1 DES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			26 OTHER:	PLACE OF D	EATN (Ch	eck only on	10)			
1 X YES 2 NO		1 Inpatient 2		-	4 - Nursing N		esidence					
	Pending	28a. DATE OF (Month, D			JURY	INJURY AT WORK?		28d. OES	CRIBE NOW I	NJURY OC	CURED	
2 Accident	nvestigation	03.20	1992		UP I	YES 2	J NO		ject.			ocuted
	Could not be letermined	building,	atc. (Specify)		street, factory, o			28t, LOC.	ATION (Street of Town, State)	end Numbe	r or Rumil F	Route Number,
29a, CERTIFIER		on			b site			493				enue
(Check only		CIAN: To the best of										
2 LXMEDIC	CAL EXAMINE	R: On the beals of a	xamination an	d/or investigatio	on, in my opinior	n, death occur	red at the	time, data	and place, an	d due to ti	he cause(a	a) and manner as stated.
29b, SIGNATURE AND TITLE	OF CERTIFIER	11 112	3	KIN		29c. LICI	ENSE NUN	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
morna	11-	you		1-01)			C.M	E		0.3	21	1992
30. NAME AND ADDRESS OF	) 1. 1	WROW		111 P	enn S	treet	, В	alti	more	Mar	y.l.aı	nd 2201
MAR 2	<b>5</b> "1992	32. REDISTRA	Davidson	n-Pandel	22							



Fillian Sa

and the second

1203-3146	I or attending physic	or use as the burial	
RYLAND 2	ined by the hospita	nould be detached	fled at once.
BALTIMORE, MARYLAND 21203-3146	Page 6 may be reta	al director, page 5 si	ner must be not
BALT	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3-mous after death. Page 6 may be retained by the hospital or attending physic	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	**************************************
( 13146,	e executed within a	an and completely to burial, crematik	umatic event, ti
P.O. BO)	death certificate b	attending physiciantal Hygiene prior	ry, or other tra
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the	been signed by the	shows any Inju
JE VITAL	HYSICIAN: The law	is certificate has lith the State Dept	ed, or item 23
NOISINI (	OR ATTENDING PI	DIRECTOR: After the ours after death w	tem 28 is mark
	TO THE HOSPITAL	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If I

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

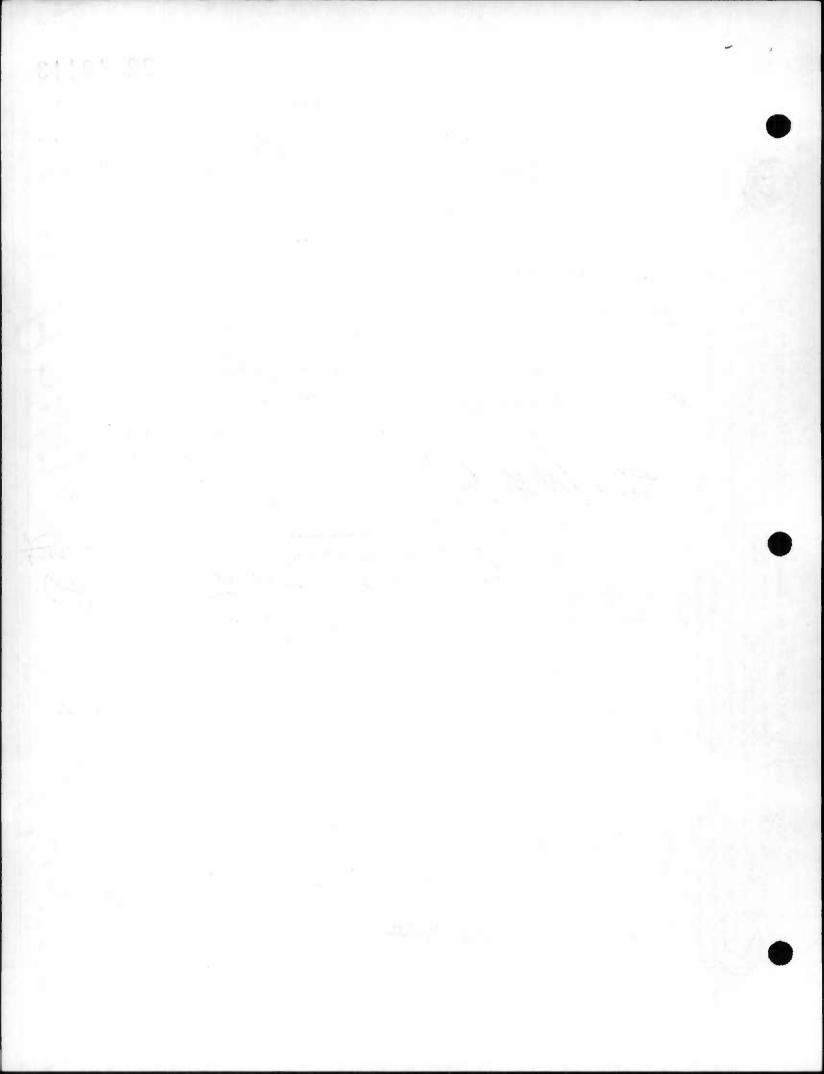
FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR' CERTIFI	TMENT OF H		MENTAI	HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE MONTH	OF DEATH	AY Y		. TIME OF DEATH
Mary	Eleanor		Banks			ch 31.	1992	YEAR	8:00 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	0.	Country)	LACE (State or Foreign
219-36-8457	1 🗆 M 2 🕽 F	96 YRS.	MONTHS DAYS	HOURS MIN.		5 1	205	.,,	wland
9e. FACILITY NAME (If not institution, give a	treet and number)	70	9b. CITY, TOWN C	R LOCATION OF D			9c. COUNT	Y OF DE	утапо
McIntosh Road			T.eona	rdtown			St. N	VI >>~ 7	10
RESIDENCE OF DECEDENT							Die. P		
Marrel and Ct			, TOWN OR LOCAT					1	lod. INSIDE CITY LIMITS?
	Mary's	Lec	onardtov						YES 2 NO
10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZE	N OF WH	IAT COUNTRY?
Rt. 1 Box 25-C				20650			U.S.	.A.	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARMED ES 2 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Ye	s or No.— 14	I. RACE - Black,	- American Indian, White, etc.
3 TWidowed 4 Divorced	IF YES, GIVE WAR OF	R DATES T		2 NO Speci				Specify	
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	HOUSE COOKINGS	241	Lan	WALES		Blac	:K
(Specify only highest grade	completed)	(Give kind of w	rork done during ma	st of working	160	KIND OF BU	SINESS/INDUS	STHY	
Elementary/Secondary (0-12)	College (1-4 or 5+)								
5th Grade		Housewi	te	40 1407110010 11	A 140 (F)	Home			
				18. MOTHER'S N		and the same			
Unknown				Jane			mstro		
9e. INFORMANT'S NAME (Type/Print)				ind Number or Rural					
Theresa Smith				eet. N.V					
As. METHOD OF DISPOSITION  A Burlel 2 Cremetion 3 Rem	oval from State	20b. PLACE OF DISPOS					CATION - CH		,
Donation 5 Other (Specify)		Charles Me				Le	eonard	town	, Marylan
21. SIGNATURE OF FUNERAL SERVICE LIK	ZEHSEE /			ND ADDRESS OF F					
23. PART I Enter the diseases, or o	Farder	ier	Matti	ngley-Ga	rdine	er Fun	eral H	iome,	P.A.
disease or condition resulting in deeth)	DUE TO (OR A	A CONSEQUENCE OF		2	an				7.m
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	· Cardia	S A CONSEQUENCE OF	etly	, In	che	mic			12 mo
PART II. Other eignificent condition	is contributing to deat	h but not reculting i	n the underlyin	g cause given ir	Part I.	24a. WAS AP PERFO 1 YES	RMED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C	heck only or	10)			
EXAMINER?  1 TES 2 NO	HOSPITAL: 1   Inpetient 2   ER/0	Outpatient 3 DOA	OTHER:	se 5 <b>V</b> Residence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TIM		JURY AT	_		INJURY OCCU	RED	
1 Netural 5 Pending	(Month, Day, Yea	Ir) INJ		PRK? YES 2 NO					
2 Outstand	28e. PLACE OF INJ	URY — At home, farm, s	treet, lectory, offic	0	281. LOC	ATION (Street	end Number or	r Rural Ro	ute Number,
4 Homicide 6 Could not be	building, etc. (	specify)	•			or Town, State			
ocal	ICIAN: To the best of my ke								and manner as stated.
BIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		29d, DATE S	SJGNED /	Month, Day, Year)
1	X				380		12/	131	192
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (7-1-	Drine)	201.	- 0 (	,		1	
John F. Fenwic	k, M.D.	Leona		Maryland	d 20	650			
APR 02 92	Julia David	Son-Mandall							

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death c	attend ental Hy	ry, 0r	
he death c	the attend Mental Hy	njury, or	
if the death c	by the attend ind Mental Hy	/ Injury, or	
that the death c	ed by the attend	iny injury, or	
es that the death c	gned by the attend rath and Mental Hy	s any injury, or	
juires that the death c	signed by the attend Health and Mental Hy	ows any injury, or	
requires that the death of	een signed by the attend of Health and Mental Hy	shows any injury, or	
w requires that the death of	s been signed by the attend pt. of Health and Mental Hy	3 shows any injury, or	
e law requires that the death c	has been signed by the attend Dept. of Health and Mental Hy	1 23 shows any injury, or	
The law requires that the death of	ite has been signed by the attend ate Depr. of Health and Mental Hy	em 23 shows any injury, or	
IN: The law requires that the death of	ficate has been signed by the attend State Dept. of Health and Mental Hy	item 23 shows any injury, or	
CIAN: The law requires that the death of	ertificate has been signed by the attend the State Dept. of Health and Mental Hy	or item 23 shows any injury, or	
YSICIAN: The law requires that the death of	s certificate has been signed by the attend th the State Dept. of Health and Mental Hy	id, or item 23 shows any Injury, or	
PHYSICIAN: The law requires that the death of	this certificate has been signed by the attend with the State Dept. of Health and Mental Hy	rked, or item 23 shows any injury, or	
IG PHYSICIAN: The law requires that the death of	ter this certificate has been signed by the attend ath with the State Dept. of Health and Mental Hy	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o	
DING PHYSICIAN: The law requires that the death of	After this certificate has been signed by the attend death with the State Dept. of Health and Mental Hi	s marked, or item 23 shows any injury, or	
ENDING PHYSICIAN: The law requires that the death of	OR: After this certificate has been signed by the attend the death with the State Dept. of Health and Mental Hy	8 is marked, or item 23 shows any injury, or	
ATTENDING PHYSICIAN: The law requires that the death of	CTOR: After this certificate has been signed by the attend after death with the State Dept. of Health and Mental Hy	1 28 is marked, or item 23 shows any injury, or	
IR ATTENDING PHYSICIAN: The law requires that the death of	IRECTOR: After this certificate has been signed by the attend purs after death with the State Dept. of Health and Mental Hy	em 28 is marked, or item 23 shows any injury, or	
L OR ATTENDING PHYSICIAN: The law requires that the death of	LORECTOR: After this certificate has been signed by the attend hours after death with the State Dept. of Health and Mental Hy	Item 28 is marked, or item 23 shows any injury, or	
TRL OR ATTENDING PHYSICIAN: The law requires that the death of	RAL DIRECTOR: After this certificate has been signed by the attend 72 hours after death with the State Dept. of Health and Mental Hy	If item 28 is marked, or item 23 shows any injury, or	
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	NNERAL DIRECTOR: After this certificate has been signed by the attend thin 72 hours after death with the State Dept. of Health and Mental Hy	NT: If item 28 is marked, or item 23 shows any injury, or	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	FUNERAL DIRECTOR: After this certificate has been signed by the attend within 72 hours after death with the State Deot. of Health and Mental Hy	ITANT: If Item 28 is marked, or item 23 shows any injury, or	
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	HE FUNERAL DIRECTOR: After this certificate has been signed by the attend the within 72 hours after death with the State Dept. of Health and Mental Hy	ORTANT: If item 28 is marked, or item 23 shows any injury, or	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be died within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at o	

		FOR STATE REGIST
RDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 at the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, ** * * * * * * * * * * * * * * * * *	TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT  I.FON  4. SOCIAL SI  212-3  9a. FACILITY  110 IF  RESIDEN  10a. STATE  Mary  10b. STREET  11 MARITAL  1  Never & S Widows  Elementa  12  17. FATHER'S  OSCAT  19a. INFORM  E. Ja  20a. METHOL  1 Donatic  21. SIGNATI  23. PART I
DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 124 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I IMMEDIATI disease or reaulting is Sequential if any, leac cause. Ent CAUSE (Di that initiat- reaulting is PART II. O  25. WAS CAS EXAMINE 1

STATE OF MARYLAND / DEP	ARTMENT OF	<b>HEALTH AND</b>	MENTAL	HYGIENE
CERT	IFICATE OF	DEATH		REG. NO.

REGISTRAR		CERTIF	ICATE (	OF DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle,	Lest)				2. DATE OF OF	EATH DAY		3. TIME OF DEATH
LEONARD	HAROLD	BERG			March		YEAR	8:00 P.M.
4. SOCIAL SECURITY NUMBER		L AGE (In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. OATE OF BIF			HPLACE (State or Foreign
	1 😿 M 2 🗆 F	YRS.	7	YS HOURS MIN.	(Month, Day,	Year)	Coun	try)
212-38-8167		11101				, 1919		nesota
9a. FACILITY NAME (If not institution	, give street and number)		9b. CITY, TO	WN OR LOCATION OF	DEATH	9c. COL	INTY OF	DEATH
110 East Sunri			Lexi	ngton Pari	k	St	. Ma	ry's
RESIDENCE OF DECEDE								
10a. STATE 10b. 0	COUNTY	10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
Maryland S	St. Mary's		Lexing	ton Park				1 YES ZX NO
10. STREET AND NUMBER				101. ZIP COOE		10g. CI1	TIZEN OF	WHAT COUNTRY?
110 East Sunri	ico Privo			20653			TICA	
11. MARITAL STATUS		EVER IN U.S. ARMED	42 140.0	DECENDENT OF HISP	ANIO ORIONE M-		USA	F American Indian
1 Never Married 2 Marries	FORCES? 15	YES 2 NO	If yo	s, specify Cuban, Mexi	can, Puerto Rican,		Blec	E — American Indian, ck, White, etc.
3 Widowed 4 Divorced	IF TES, GIVE WA		1 🗆	YES 2 NO Spe	offy:		Spec	White
	1941-19							MITTE
15. DECEDENT (Specify only highes	it grade completed)	16a. DECEDENT'S (Give kind of	work done durin	PATION og most af working	186. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)					
12		US NA	VY		US	Govern	ment	
17. FATHER'S NAME (First, Middle, Li	est)			18. MOTHER'S I	NAME (First, Middle,	Malden Surname)		
Oscar Wilhelm	Berg			Eliza	abeth Wi	lhelmen	а	
19a, INFORMANT'S NAME (Type/Prin		196. MAILING	ADDRESS (St	reet and Number or Run				
								ND 20652
E. Jane Berg								.MD 20653
20a. METHOD OF DISPOSITION 1 D Burlet 2 Cremetion 3	Removal from State	20b. PLACE OF DISPO other place)				20c, LOCATION -		
4 Donation 5 Other (Specify		Hunta Cre				Waldorf	, Ma	ryland
21. SIGNATUDE DE HIMERAL BERV	ICENTICOPHISEE R.		22, NAR	ME AND ADDRESS OF		C: 22	-	1
zowana	10. Day	4						ral Home
1 **	Brinsfield,							land 20650
23. PART I. Enter the diseese	s, or complications that Hure. List only one ceus		not enter the	mode of dylng, a	uch aa cardiec o	or respiratory a	rrest,	Approximata Interval Between
IMMEDIATE CAUSE (Fine)	mure. Link only one cous	a ou each mas	<	1 1				Onset and freath
disease or condition	(10	AMM	LAAA .	rd al				mood
reaulting in death)	oue to a	OR AS A CONSEQUENCE O	yuan	ever				1.1.000
	/10	111		11/	und			111
Sequentially list conditions,	n number	OR AS A CONSEQUENCE O	nue	01-	7			19)
If any, leading to immediate	DOE TO P	M AS A CONSCIDENCE O	m ji	//	//			0
cause. Enter UNDERLYING CAUSE (Disease or Injury	< ·			//	//			-
that initiated events resulting in death) LAST	DUE 10 (C	OR AS A CONSEQUENCE O	W):	U				
reauting in death) LAST	L							
DART II. Other elselfleest ear	aditions annialization to d		to the seconds					1
PART II. Other significent cor	iditional contributing to d	eath out not resulting	in the unde	riying couse given	in Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					10	YES 2 NO	- 1	COMPLETION OF CAUSE OF DEATH?
1								1   YES 2   40
							- 1	NA
25. WAS CASE REFERRED TO MEDI	ICAL I			NA DI AGE OF DEATH	20-1-1-1			1, 1, 1,
EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (	Check only one)			
1 TYES 2 NO		ER/Outpatient 3 DOA		Home 5X Residence	e 6 🗆 Other (Spec	c/fy)		
27, MANNER OF DEATH	28a. DATE OF II (Month, Day		ME OF 28 JURY	c. INJURY AT WORK?	28d, OEŞCRIBE	E HOW INJURY O	CCURED	
Natural 5 Pendin	9	,,		YES 2 NO				
2 Aboldent Investig	28e. PLACE OF	INJURY — At home, farm,	street, factory,	offica	28f. LOCATION	(Street and Numb	er or Rural	Route Number,
4 Homicide determ	not be building, a	tc. (Specify)			City or Tow	n, State)		
no centimen (a)						-		
	PHYSICIAN: To best of n							
one) 2 Deedwal E	XAMINED! On the basis of em	minution and/or investigati	on, in my opin	ion, death occured at t	he time, deta and p	place, and due to	the cause	(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CE	marin.	1/		29c, LICENSE N	UMBER	294 04	TE SIGNE	D (Month, Day, Year)_
lo.	A LAI	1000	MY	100	6419	7	A	15-97
100	1 VACA	100	M		0 11 1		0.	70 - 10
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE	OF DEATH (ITEM\27) (Type	e, Print)					V ,
		3.0.0						
31. DATE FILED (Mogra Day, 1801)	32 DEGISTRATE	S SIGNATURE CONCLUS	9					



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. I	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)	w w		ush	DEATH	2. DATE OF DEAT	Н	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  579-24-9435  9a. FACILITY NAME (If not institution, give sti	1 ₪ M 2 □ F	55 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Mar. 19	(n)	BIRTHPLACE (State or Foreign Country) Washington, DC			
DIRECTOR	11235 Oakleaf Dr	rive #1003			er Sprin			gomery			
		aryland Montgomery Silver S					Spring YES				
FUNERAL	11235 Oakleaf Dr		101.	20901		USA					
ВУ	11. MARITAL STATUS  1 Never Married 2 Married 5 Never Married 2 Married 5 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 No 15 Never Married 2 Never Married 2 Never Married 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes, specify Cuben, Mexican, Puarte Rican, etc.) 1 YES 2 NO Specify:							RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY										
COMF	1-10 Electronic Technician  17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME						Governme	nt			
BE	Leonard Blush  19a. INFORMANT'S NAME (Type/Print)  19b. MAH ING. ADD				Не	len Gris	t				
2	Alice M. Blush					#1003 C					
	20a. METHOD OF DISPOSITION  1 Note: Description   20b. PLACE AND DATE OF DISPOSITION   Name of cemetery, cremetery, cremetery, cremetery or other place   OATE   20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Hines/Rinaldi Funeral Home  11800 N.H. Ave. Silver Spring. Md. 20904										
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, above, or heart failure. List only one cause on each ilns.  Approximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1  YES 2 XHO  24b. WERE AU  AMALABL  COMPLET  OF DEATH							24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
SICIA		HOSPITAL: 1   Inpatient 2   ER/Outpat		THER:	CE OF DEATH (Ch						
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WOR	RY AT	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCURE	0			
8	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY - building, atc. (Specify	At home, farm, stre	et, factory, office		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI EXAMINER:	IAN: To the best of my knowle	dga, death occurred a	it the time, data a	nd place, and due	to the cause(s) and time, data and place	manner as stated.	use(s) and menner as stated.			
H	290. SIGNATURE AND THESE OF CENTIFIES	Tarlu	-		PRC. LICENSE NUM			NEO (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT			Carico.	Con 2 100	(03)	Bekne			
	31. DATE FILED (Month, Day, Year) MAR 26 92	32 PREGISTRAN'S SIGNAT	Badell.				,	10			

DIVISION OF VITAL RECORDS, P.O. BOX

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,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	
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	9	ter	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1. DECEDENT'S NAME (First, Middle, Last	,					OF DEATH			3. TIME OF DEATH	
		line Be	rnholtz			Маз	rch 23		92	3:14 AM	
	4. SOCIAL SECURITY NUMBER 101-05-0813	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		(Month	OF BIRTH , Day, Year)		8. BIRTHP Country)		
- 1	9a. FACILITY NAME (If not institution, give		09	Sh CITY TOY	YN OR LOCATION OF		24 - 1		NTY OF DE	POLAND	
CLOR	Suburban Hospi	DEATH			ntgom						
ш	J 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION										
- DIR		NTGOMERY		CKVILL						10d. INSIDE CITY LIMITS? 1X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 6121 MONTROSE	ROAD			10f. ZIP CODE 20852	,				TATES	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HISP	PANIC ORIGIN	? (Specify Yes		14. RACE -	- American Indian.	
5	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES NO	If yes	, specify Cuban, Mexi YES 2 X NO Spec	Ican, Puarto R	Ican, etc.)		Black, Specify	White, etc.	
	15. DECEDENT'S ED (Specify only highes) gred		16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b.	KIND OF BUSI	INESS/IND	USTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	DRAPER	e retired.)	most or working		GARME'	713			
	17. FATHER'S NAME (First, Middle, Lest)		DARFER		18 MOTHER'S	NAME (Elm) A					
	YAEL MAZHEL  18. MOTHER'S NAME (First, Middle, Maiden Surname)  GITTEL LEAH										
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre				State 7/n	Code		
	198. INFORMANT'S NAME (Type/Print)  LANCIA SWERDLOFF  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  10326 SNOWPINE WAY, POTOMAC, MARYLAND 20854										
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE O			DATE			City or Town		
	1 X Burlai 2 Cremation 3 Ret 4 Donation 8 Other (Specify)	moval from State	RETZ HACI	her place)	Treame or	1				HON, ISR	
	DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC  1170 ROCKVILLE PIKE, ROCKVILLE, MARYLAND  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwee Onset and Dei  Approximate interval Betwee Onset and Dei										
	IMMEDIATE CAUSE (Final	. List only one cause on a	d the death. Do neach line.	ot entar tha	moda of dying, su	uch as cardi	ac or reapire	atory arm	eat,	Approximate Interval Bet	
	anock, or neart failure	a. MYDC	ARDIAL A CONSEQUENCE OF	- 10	moda of dyling, su	uch aa cardi	ac or reapire	atory arm	eat,	Approximate Interval Bet	
	IMMEDIATE CAUSE (Final disease or condition	a. MYDC OUE TO (OR AS OUE TO (OR AS	ARDIAL	):	moda of dyling, su	uch aa cardi	ac or reapire	itory arm	eat,	Approximate Interval Bet	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. MYDC OUE TO (OR AS A DUE TO	ARDIAL A CONSEQUENCE OF	): ):	MODE OF DIVING, BU	TLON	ac or reapire	atory arm	eat,	Approximate Interval Bets	
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6121 MONTROSE ROAD

12 REGISTRATI SIGNATURE - 102

PANKAS TAT 31. DATE FILED (MONTH, Day, Year) MAR 26 '92

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ROCKVILLE MD. 20852.

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IN OF VITAL RECORDS, P.O. BOX 68760,	HYSICIAN:
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPAI	RTMEN	T OF H	DEAT	AND N	MENTA	L HYGIEN	E		
9	1. DECEDENT'S NAME (First, Middle, ELENOR	·							MONT	OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	P. BY	6. AGE (In yrs. last	th lottle along it	T is take	R 1 YEAR	IF UNDER		Mar			1992	
. 1	216-12-4817	1   M 2   F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	OF BIRTH	1005	Countr	IPLACE (State or Foreign
	9a. FACILITY NAME (If not institution,	give street and number)	l o/							. 18,			
E E													
CTC		brook Adv. Nursing Center   Silver Spi							3		1	Montg	gomery
DIRECTOR	Maryland 106. co	nd Montgomery					юм ing						10d. INSIDE CITY LIMITS? 1 [X] YES 2 NO
FUNERAL	100. STREET AND NUMBER 11526 Lockwoo	street and number 11526 Lockwood Drive A2						4		10g. CITIZEN OF WHAT COUNT			
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 WILLIAM IF YES, GIVE WAR OR DATES X				13.	If yes, sp	ENDENT OF	, Maxican	, Puerto	N? (Specify Yea Rican, atc.)	or No		— American Indian, k, Whita, atc.
0	15. DECEDENT'S (Specify only highest	EDUCATION	16a. DEC	EDENT'S	USUAL C	CCUPATIO	ON		166	. KIND OF BUS	INESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) (Giv	e kind of Do NOT u	work done se retired.)	during mo	st of working	9					
MP	1-7th			Ho	omema	aker			07	wn home	9		
Ö	17. FATHER'S NAME (First, Middle, Las	,					18. MOTH	ER'S NAM	AE (First,	Middle, Maiden	Sumame)		
BE	James R.	Parsley					E	. St	ella	a Ray			
TO E	19a. INFORMANT'S NAME (Type/Print)												
-	19b. INFORMANT'S NAME (Type/Print)  Joyce Mitchell  6 E. Schuyler Road, Silver Spring, Md. 20901												
	20s. METHOD OF DISPOSITION 1.1. Burlel 2 Cremetion 3	Removal from State	20b. PLACE AI							E 20c. LOC			
	4 Donation 5 Other (Specify)		Rock cre	reel	K" Cer	neter	cy	3-	26-	92 Was	shing	gton,	DC
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	,				D ADDRES						
	· Clark	8 111	1000							eral Ho			Md. 20904
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b	(OR AS A CONSEOL	JENCE O	F): F):	DMI	1 -	Me	tas	tatic	,		Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other significant cond Hypertun Multiple			auiting	in the u	nderiying	cause g	iven in P	Part i.	24e. WAS AN A PERFORE	AED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICA	AL I				20 5	ACE CE E	ATLL CO.					
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	1000	OTHE	R:	ACE OF DE						
Ĭ	27. MANNER OF DEATH	28a, DATE OF		28b. TIM		sing Home	FRY AT		_	r (Specify)	HIDV OC	CURCO	
ВУР	Natural 5 Pending 2 Accident	(Month, D.	ey, Year)	INJ	M	1   Y	RK? ES 2		200. DES	CHIBE HOW IN	JUNY OCC	OHED	
- 11	3 Suicide 6 Could no 4 Homicide datarmine	bullding.	F INJURY — At hom etc. (Specify)	e, farm, :	street, fac	tory, office			26f. LOC. City	ATION (Street ar or Town, State)	nd Number	or Rural A	oute Number,
COMPLETED		HYSICIAN: To the best of MINER: On the bests of a											
	29b, SIGNATURE AND TITLE OF CERT									and place, and			
띪	PALLANDA I	(M) 11	111				29c. LICEN	SE NUME	n Q		Z9d. DATE	SIGNED	(Month, Day, Your)
2	30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	E OF DEATH STEM	27) (Time	Print1		1)	210	UT		3	127	192
	31. DATE FILED (Month, Day, Year)	Mulshi	A-S SIGNATURE	116		Jev	VHa	mp	sh	ice	5,	Wes	Spring
	MAD 26 '92	The David	Variation of the same	7				-					7

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICAT	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN					
100	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	MARY  4. SOCIAL SECURITY NUMBER	ELIZABETH	BROEDE		MARCH 24.	1992	4:45 AM			
		1.04206	MONTH	DER 1 YEAR   IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	- 1	BIRTHPLACE (State or Foreign Country)			
	209-12-9221  90. FACILITY NAME (If not institution, give a	A 1 0	U	TY, TOWN OR LOCATION OF			ENNSYLVANIA			
DIRECTOR	2211 DARROW	STREET	98. 0	SILVER SPRI		9c. COUNTY	TGOMERY			
RE	10a. STATE 10b. COUNT		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?			
		TGOMERY	SIL	VER SPRING	}		1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER  2211 DARROW	STREET		10f. ZIP CODE			N OF WHAT COUNTRY?			
NE.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	H.C. ADMED	20902			SA			
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1X YES IF YES, GIVE WAR OR DA	2 NO	3. WAS DECENOENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 2 NO Specify NO	cen, Puerto Rican, etc.)	e or No —   14	. RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BU	SINESS/INDUS	TRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired	ne during most of working f.)						
MP		4	HOMEMAKER	·						
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Malden	Surname)				
BE	DR. STEWART W.  19e. INFORMANT'S NAME (Type/Print)	HERMAN		MARY		BENNER				
일	FRANK A. BROEDEL			SS (Street end Number or Rura						
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE OF DISP	ROW STREET,			MD 20902			
	1 XBuriel 2 Cremation 3 Remo	oval from State com	etery, crematory or other place	e)			or Town, State			
	21. SIGNATURE OF FUTERAL SERVICE CIT	ENSE	2	2. NAME AND AODRESS OF F	ACILITY		AM, MARYLAND			
	> MALADIX	100		RANCIS J. CO						
	23. PART I. Enter the diseases, or	complications that caused	the death. Do not ant	or the mode of dules ar	Y BLVD., W	, SIL	SP., MD 20901			
	snock, or neart failura.	List Dnly one cause on ac	ch lina.	er tha mode of dying, su	on as cardiac or resp	ratory arrest	interval Batween			
	disease or condition									
- 1	resulting in death)	d	CONSEQUENCE OF):	1		-				
z		meta st	atre -	caudi	vas cul	SVO	İ			
일	Sequantially list conditions, if any, leading to immediate	OUE TO JOR AS	CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury	critoj	ne							
Ē	that initiated eventa resulting in deeth) LAST	DUE TO (OR	CONSEQUENCE OF):							
Ü		1,								
A	PART II. Other aignificant condition	a contributing to deeth bu	it not resulting in the	underlying ceuse given in			24b. WERE AUTOPSY FINDINGS			
음	mal in tit	NN			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC							1 YES 2 NO			
ž										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)					
<u>⊼</u>	1 YES 2 NO	1 Inpetient 2 ER/Outpe	rtlent 3 DOA 4 N	ursing Home 5 - Residence	8 Other (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED			
⋒	2 Accident Investigation	28- PLACE OF IN SURV	— At home, farm, street, fa	1 YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specia	(y)	ctory, office	28f. LOCATION (Street of City or Town, State)	ind Number or F	Rural Route Number,			
9 1	29e. CERTIFIER									
COMPLETED	(Check only	CIAN: To the best of my knowle	edge, death occurred at the	time, date end place, end du	e to the cause(e) and mar	nner as stated.				
	29b. SIGNATURE AND LUTLE OF CERTIFIER	R: On the besis of examination	and/or investigation, in my	opinion, death occured at th	time, data end place, en	d due to the ca	ruse(e) and manner as stated.			
H	AND THE OF CENTIFIER	Klygar		29c. LICENSE NU	A	29d. DATE S	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	-7	TH (ITEM 27) (Time Drive)	1.01		5/	4/92			
	JOSEPH M. SOLIN			AVENUE, SILV	ER SPRING	MD 20	902			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		TITLE OF STEEN	ZI DINING,	110				
	חי של מאש	le r.					-			
	1000 C) 92	O Constant	the Robert				DHMH-18 Rev 1/89			

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALLIMORE, MARTLAND	TO THE HOSPTDL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached tiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If item 28 is marked, or item 23 shows any

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

'92

MAR 31

32. REGISTRAR'S SIGNATURE ha Davidson

1. DECEDENT'S NAME (	First, Middle, Last MARGARI		T. E	ELLIN	IGER				2. DATE OF MONTH	DEATH DA	Y	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY N	JMBER	5. SEX	8. AGE (In )	rs. lest birthd		R 1 YEAR	IF UNDER	T	7. DATE OF (Month, D	BIRTH		-	HPLACE (State or Foreign
349-20-1	466	1 🗆 M 2 😿 F	92	YR	S. MONTHS	DAYS	HOURS	MIN.	Nov.		899		w York
90. FACILITY NAME (If n	ot institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D				NTY OF	
CARRIAGE RESIDENCE OF D		ETHESDA			BETHESDA MON						ITGOMERY		
10a. STATE	10b. COUN	TY		10c.	CITY, TOWH	OR LOCA	TION						10d. INSIDE CITY
MD	Mon	tgomery		1	Bethesda					LIMITS?			
10e. STREET AND NUME							of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
5215 W. Ce	dar La	ne					20	814				U.S.	Α.
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 1	☐ Merried	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 🔽 NO	13.	If yes, o	CENDENT ( pecify Cube S 2 NO	n, Mexica	NIC ORIGIN? (1 nn, Puerto Rici fy:	Specify Yes in, etc.)	or No—		E — American Indien, ok, White, etc.
15. 1	DECEDENT'S ED	UCATION	10	a. DECEDEN	T'S USUAL C	CCUPAT	ION		16b. KI	ND OF BUS	SINESS/IN	DUSTRY	WILLE
(Specify	only highest grad	de completed)	-	(Give kind life. Do NO	of work done OT use retired.)	during m	ost of worki	ing	100.10		31112307111		
Elementary/Secondar	y (0-12)	College (1-4 or 6	+)	Artis	st				l S	elf-e	mp 1 o	ved	
17. FATHER'S NAME (First	t, Middle, Lest)			111 011			16. MOT	HER'S NA	AME (First, Mick		_	yeu	
Edgar S.	Thomps	on					Ma	rths	she:	llmar			
19e. INFORMANT'S NAM		-		19b. MAIL	JNG ADDRES	S (Street			Route Number,			(p Code)	
Edgar Bel	34,34145								, Wasl				20006
20a. METHOD OF DISPO			20b. F		DATE OF DIS			74 • 44 •		20c. LO			
	Y Buriel 2 ☐ Cremation 3 ☐ Removal from State			notary crama	astony or other place)					4/1 Arlington, VA			
21. SIGNATURE OF FUN		LICENSEE	- I MI	LINGE								, LOII ,	VA
+ mic	har	Q&.h	a l	Lm					r s Soi In Ave			ngto	on,D.C. 200
disease or condition resulting in death)  Sequentially list conif any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) It	nditions, imediata RLYING Injury	c	O (OR AS A C	ONSEQUENC	E OF):	nove	sis cul	an a	direce	L			10 day
PART II. Other algor	4	brain					-	_		Ga. WAS AN PERFOI	RMED?	24	ib. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRE EXAMINER?	D DO MEDICAL	1,000,000					PLACE OF I	DEATH (C	heck only one)				
1 TES 2 THO		HOSPITAL: 1 Inputient 2	☐ ER/Outpet	ent 3 🗆 DC	A 4 DA		me 5 🗆 R	lesidence	8 🗆 Other (5	Specify)			
	☐ Pending		F INJURY Day, Year)	26b.	TIME OF INJURY	W	JURY AT YORK?	□ NO	28d. DESCR	HBE HOW	NJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE	OF INJURY — g, etc. (Specify		rm, street, fe	ctory, off	Ica			ON (Street Town, State)		er or Rural	Route Number,
(Critical Orlly		YSICIAN: To the best of											(a) and manner as stated.
296. SIGNATURE AND T	The	hellman	mo	٠			-	ENSE NU	JMBER 2/4		29d. DA	3/29	(Month, Day, Year)
RICHARD		OFFM Nov.				AUER				RETT	AAK	t m	10 20890

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAN REGISTRAR	D / DEPARTA			MENTAL	HYGIENE REG. NO.						
	Dorothy WINCHESTER	e Bo	ORMANN		2. DATE O MONTH	F DEATH 3/	26 9	92 3. TIME OF DEATH ART 9:00 A				
	4. SOCIAL SECURITY NUMBER  130-05-1754  1   M 2   F  77  9e. FACILITY NAME (If not institution, give etreet and number)	YRS. MO	UNDER 1 YEAR HITHS DAYS	HOURS MIN.	OCT.	Day; Year)		BIRTHPLACE (State or Foreign Country) NEW YORK				
OR	101 ODENDHAL AVE.							NIGOMERY				
- DIRECTOR	MD. MONTGOMERY	10c, CITY, T	10c. CITY, TOWN OR LOCATION  GATTHERSBURG				10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{NO} \) NO					
RAL	100. STREET AND NUMBER  101 ODENDHAL AVE.		101.	20877				U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	™ NO	If yes, spe	ENDENT OF HISPAN belty Cuban, Maxican 2 NO Specify	n, Puerto Ric			RACE — American Indian, Black, White, stc. Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  1.2	e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during moi stired.)	N at of working	16b. I	CIND OF BUSI	NESS/INDUST	TRY				
OM	17. FATHER'S NAME (First, Middle, Last)											
BE C	CHARLES WINCHESTER			MAF			ANGLE					
10	190. INFORMANT'S NAME (Type/Print) WALTER JOHN BORMANN	2309		nd Number or Rural F				•				
	20a. METHOD OF DISPOSITION 20b. PL	ACE OF DISPOSITI	ON (Name of cen	AVE., S	انظ ۷ بالد د			or Town, State				
	1 □ Buriel 2 ▼ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) CH	4 Donation 5 Other (Specify) CHAMBERS CREMATORY 3/27/1992 RIVERDALE, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	M00091		CHAMBER		INC.	. SILV	20910 VER SPRING,MD				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arreat, above, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):							Interval Betwee Onset and Deat				
MEDICAL	PART II. Other algnificant conditions contributing to death but	g couse given in Part I. 24a. WA PEI			NUTOPSY MED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Ch	eck only one	)						
rsic	EXAMINER?  1   YES 2   NO   HOSPITAL:  1   Inpatient 2   ER/Outpetie		THER:	6 Residence	6 🗆 Other	(Specify)						
BY PH'	27. MANNER OF OEATH  1 Netural 6 Pending (Month, Day, Year)	20b. TIME (	Y WO	URY AT PAK? (ES 2 NO	28d, DE\$0	CRIBE HOW IN	JURY OCCUP	REO				
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, factory, offic			TION (Street ar r Town, State)	nd Number or	Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: To the best of my knowledge one)							surse(s) and monner as stated.				
	29b. BIGNATURE AND TITLE OF CERONTER			29c. LICENSE NUI			29d. DATE S	IGNED (Month, Day, Year)				
O BE	Jano Morea	3		072	31		13	-26-92				
οτ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH  JAMES R. MODICE J. 207  31. DATE FILED (North, Day, Ver)  ADD 2 1 07  LIEGISTRAT'S SIGNAT  JAMES R. PEGISTRAT'S SIGNAT  JAMES R.	Don	nos A	ve Go	oi Th	ersb	uz r	26-92 nd 20827				

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Market and the control of the contro

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF		OF DEATH		TAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)  Alice Lorrain	o RIIDI EV					ATE OF DEATH DATE OF DAT		YEAR	. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 Y		ms. 7. D/	ATE OF BIRTH forth, Day, Year)	D	8. BIRTHPL Country)	9:14P M  ACE (State or Foreign
577-48-4215 Se. FACILITY NAME (If not institution, give str	1   M 2   RF	55 YRS.			· E			WASH	INGTON, D.C.
Doctor's Commu		175/		WN OR LOCATION	OF DEATH		P. COUN	TY OF DEA	GEARLY'S
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	1 110-1		TY, TOWN OR L			-	10//		
	CE GEORI				RO				Od. INSIDE CITY LIMITS?  YES 2 NO
13 BANNINGTON				101. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
11, MARITAL STATUS	12. WAS DECEDENT EV	ED IN II S ADMED	149 148.6	20 DECENDENT OF H			or No.	USA	
1 Never Married 2 Warried 3 Wildowed VIX Divorced	FORCES? 1 1	ES 2 NO	If ye	ra, specify Cuban, N	lexican, Pue		or No.	Snactive	- American Indian, White, etc.
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT u	work done durir ise retired.)	PATION ng most of working EWIFE		16b. KIND OF BUS	SINESS/INDU	JSTRY	
17. FATHER'S NAME (First, Middle, Last)			nous		'S NAME (Fir	st, Middle, Meiden	Surname)		
STEVEN R. WHIT	TINGTON					EASLEY			
RICHARD L. BURLEY	(HUSBAN	D) 13 BAI	NNGINT	ON DRIVE	UPP	ER MARL	BORO,	MARYI	AND 20772
29a. METHOD OF DISPOSITION  1 \( \begin{align*} \text{Disposition} & \lefta & \lefta & \text{Cremetion} & \lefta & \text{Remons } \\  4 \( \begin{align*} \text{Donation} & \text{5} & \lefta & \text{Other (Specify)} \\  \end{align*}	vel from State	206. PLACE AND DATE Cemetery, crematory or CEMET LINCO	other place)		1	30 BREN	CATION — C TWOOD		A - 2/ATT
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE COULC	1.000	FRA	NCIS J.	COLLI	NS FUNE	RAL H	OME,	
23. PART I. Enter the diseases, or co	in only one cause of	need the death. Do	not enter the	mode of dylng,	such as o	cardiac or respi	ratory arre	est,	Approximate
IMMEDIATE CAUSE (Final	Starus DUE TO (OR		ATIC	LUS					Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE O	F):						
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	PF):						
PART II. Other algnificant conditions	contributing to deat	h but not resulting	In the under	riying cause give	n in Part I	. 24a. WAS AN PERFOR	MED?	A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE
						1 1 1 1 1 2	M) NO		F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1.			8. PLACE OF DEAT	H (Check only	y one)			
	1 Inpetient 2 ER/	100		Home 5 Reside					
1 🕙 Natural 5 🗌 Pending	(Month, Day, Ye	1N.	JURY	WORK?		DESCRIBE HOW II	NJURY OCCI	URED	
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJ building, etc. (	URY — At home, ferm, Specify)	street, factory,	office		OCATION (Street a City or Town, State)	nd Number o	or Rural Rou	te Number,
298. CERTIFIER 1 CERTIFYING PHYSICI Check only one) 2 MEDICAL EXAMINER	IAN: To the beat of my k								nd manner as stated.
296 SIGNATURE AND TITLE OF CERTIFIER	in De	puty me	dica	29c. LICENSI	E NUMBER	3	29d. DATE	SIONED (N	fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO PAUL A. DEVORE	MD 4203	OCATH (ITEM 27) (Type	bure 1	Rel Hy	ight	Sville	M	) 20	281
31. DATE FILED (Month, Dey, Year) MAR 30 99	32. REGISTRAR'S	UNIDON Pand	ur.						

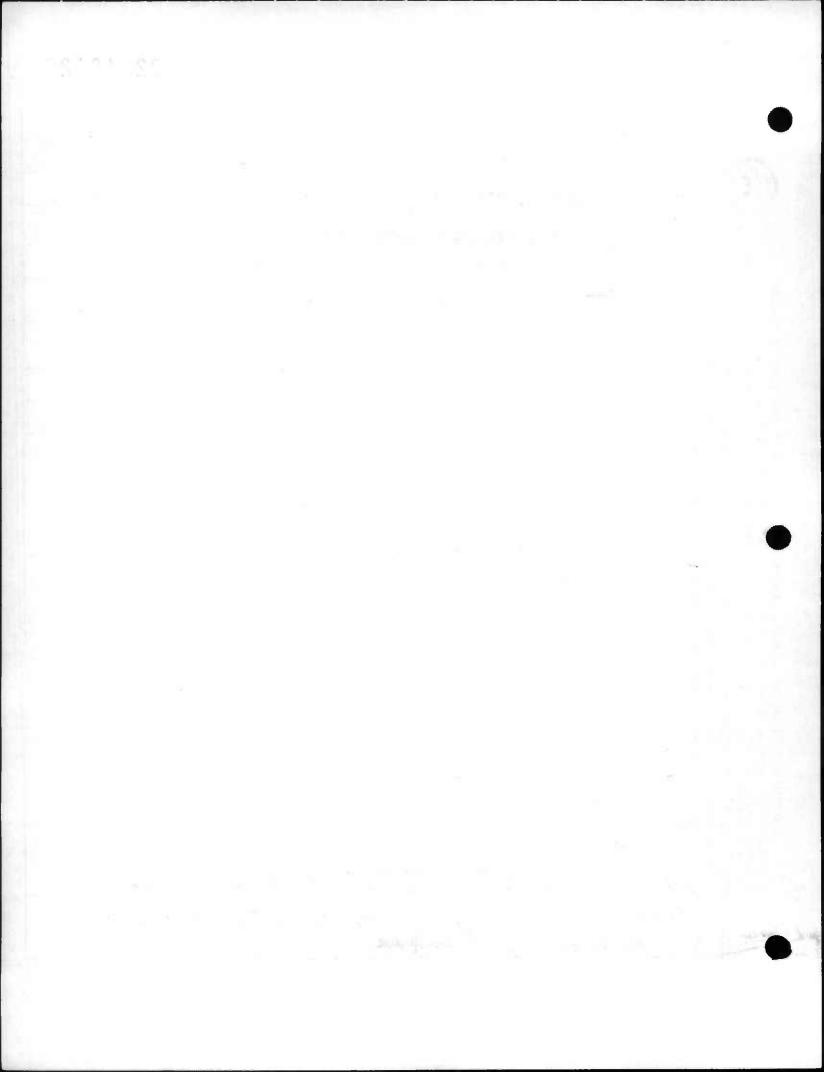
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
1	2	28	Ξ

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Lest)	E	SECK	<		2. DATE OF DEATH		3. TIME OF GEATH  10.30 TIME M		
	219686716	10 M 3 PF 3	9 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	32	BIRTHPLACE (State or Foreign Country) Brazil		
TOR	9a. FACILITY NAME (If not institution, give street and number)  Suburban hosportal  Bethesda  Montgomery  Residence of Decement									
DIRECTOR	10a. STATE 10b. COUNTY Prince	=		10d, INSIDE CITY LIMITS? 1 X YES 2 NO						
FUNERAL	100. STREET AND NUMBER ATE	PLATEAU PLACE				7		N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	Divorced IF YES, GIVE WAR OR DATES			ENDENT OF HISPA city Cuban, Mexico 2 (X) NO Specific	NIC ORIGIN? (Specify Ver an, Puerto Rican, etc.) y:		. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	UAL OCCUPATION done during mos etired.)		16b. KIND OF BUS	SINESS/INDUS	TRY				
₹	6		Dome	stic		Private	Fami.	1y		
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	.,			
BE	Jose Sebastiao do	Nascimento				ra da Silv				
2	19a. INFORMANT'S NAME (Type/Print) Teresa Jacobs					Route Number, City or Tow				
	20s. METHOD OF DISPOSITION	100		-		ilver Sprin		20902		
	1 M Burial 2 ☐ Cremation 3 ☐ Ramova	al from State Come	PLACEAND DATE OF C tery, crematory or other te of Hea	place)	ne of 3/31/			or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		te or nea			CIUTY _	ver sp	ring, Maryland		
	· Rahry Fa	-Vav	M00198	Robert Bet 7557 W	hesda-Cl isconsi	nrey Funer nevy Chase, n Ave., Beth	ral Hor , Inc. nesda,	me/ MD 20814-3501		
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lie	npilcetions that ceused it only one ceuse on as	the deeth. Do not ch line.	enter the mod	le of dying, suc	h as cardiac or respi	ratory arrest	Approximate interval Between		
	immediate cause (Final disease or condition resulting in death)  a. Cerebral Stroke									
_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	11917	on,	0 .				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	Hyperter	ISIVE	Caro	dinva	sailar d	wend	,		
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):			3 - 42 - 4	1			
EM	reaulting in deeth) LAST									
AL C	PART II. Other algnificent conditions of	contributing to death bu	t not resulting in t	he underlying	ceuse given in	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
						PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						1 TYES 2	X NO	OF DEATH?		
2								I TES 2 HO		
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL/	ACE OF DEATH (Ch	eck only one)				
SIC	The state of the s	OSPITAL: Mnpatient 2 - ER/Outpat		THER:  Nursing Home	5 Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU	RY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED		
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO					
ETED	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY - building, atc. (Specif	— At home, farm, stree y)	it, factory, offica		281. LOCATION (Street a City or Yown, State)	nd Number or F	Rural Route Number,		
COMPLETE		N: To the best of my knowle On the basis of examination						suso(s) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OFFICERTIFIER H. MONTAKHAS COM	J 1 Si	new	7 M	29c. LICENSE NUI	458		GNED (Month, Day, Year) arch 28, 1992		
	30. NAME AND ADDRESS OF PERSON WHO O				Pockrii 1	le, Maryla	nd 20	852		
	31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S SIGNAT	TURE	DIVU.,	VOCKATI	re, Harara	11u 20	032		
	MAR 30 '92	Juna Davidson	Roadell							

[ New ]

Mary Employee

	_	shoul	
(		The state of	
BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit are oval.	
ANC	the hosp	detache	Once.
Z	3	2	7
MAR	retained	5 should	al examiner must be notified at once.
щ	8	900	9
ORI	6 та	ector, p	must
Σ	Page	- Pi	-
ALT	death. F	funeral	examin
8	Te.	A P	7

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 17 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME O												3. TIME OF DEATH		
			ES JOSEP							MAR 25		ILAN	3.20 A M	
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. less	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Fo		HPLACE (State or Foreign	
	422-05-0581		1 📉 M 2 🗌 F	73	YRS.	wonths	- CANTO	HOURS	metre.	(Month, Day, Year) MAR 15	919		LABAMA	
~	Se. FACILITY NAME (If not in					96. CITY		OR LOCATE		АТН	9c. COL	INTY OF D	DEATH	
DIRECTOR	NATIONAL NAVAL MEDICAL CENTER						BET	CHESD	A		MC	ONTGO	MERY	
E C	10e. STATE 10b. COUNTY				10c. CITY, TOWN DR LOCATION								10d, INSIDE CITY	
8	VIRGINIA	FA	IRFAX			FAIR	FAX						LIMITS?	
	10e. STREET AND NUMBER					9	10	. ZIP CODI	E		10g. CIT	TIZEN OF	WHAT COUNTRY?	
FUNERAL	10505 LINFIELD STREET								220	32 UNITED			D STATES	
5	11. MARITAL STATUS					13.	WAS DEC	ENDENT C	F HISPAN	IC DRIGIN? (Specify		14. BAC	E — American Indian.	
BY F	1 Never Married 2 7	Merried	IF YES, GIVE V	WAR OR DATES	Ю			2 X NO					k, White, etc.	
				0 1970									WHITE	
COMPLETED	(Specify onl	EDENT'S EDU y higheet grade	completed)	(Gr	ve kind of	work done se ratired.)	CUPATII during mo	ON ost of working	g	16b. KIND OF E	USINESS/IN	DUSTRY		
2	Elementary/Secondary (0	1-12)	College (1-4 or 5 -	+)			TD E	ORCE			PPPNO	. 177		
MO	17. FATHER'S NAME (First, M	iddle Last)			0.	5. A	LK F	_	AED'O NA	ME (First, Middle, Maid	EFENS	E		
Ö		H BROW	N					1		Y VIOLA P				
H	19a. INFORMANT'S NAME (7		21	196	. MAJLING	AODRESS	(Street			Oute Number, City or R		in Code)		
2	AGNES M. BI	ROWN								, FAIRFAX			2	
	204, METHOD OF DISPOSIT	ION	20 12 20 20	20b. PLACEA	ND DATE	OF DISPOS	ITION (N	me of			OCATION			
	1 Donation 5 Other		loval from State	ARL IN	GTON	NAT	ION	AL CE	M	4/1/92	ARLIN			
	21. GURRATURE OF FUNERA	L PERVICE LIS	CENSEE	01	1					AL HOMES	TNIC		.,	
	1 Dane	Kall	00	Juhn										
7	23. PART I. Entar the d	Iseases, pr	complications the	t caused the de	ath. Do					IRGINIA 2		re of	Approximate	
- 1	ahock, or h	aart fallure.	List only one cau	ise on each line.		1	1110 1110	ao oi ayi	ing, suci	THE CHICAGO OF THE	piratory at	roat,	Interval Batween	
	IMMEDIATE CAUSE (Fir	nal	COMO	ייים ד מייי	יים מ	DICAT	D. T.m	T.O.					Onset and Death	
	resulting in death)			(DR AS A CONSED			CDIT	18						
z			MIII	TSVSTEM	M_ORGAN_FAILURE								İ	
CERTIFICATION	Sequentially list conditi if any, leading to imme-			(DR AS A CONSED			LILU	NG.						
S	cause. Enter UNDERLY!		cCARE	IOMYOPAT	ГНУ									
E	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSED	VÊNCE O	F):								
5			d											
	PART II. Other algolitica	nt condition	na contributing to	death but not re	sulting	in the un	derlyin	g cause g	lven in i		N AUTOPSY	24b	WERE AUTOPSY FINDINGS	
MEDICAL			-							t XYES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
											I U NO		OF DEATH?	
										_			To tee TA ino	
X I	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PI	ACE OF D	EATH (Che	ck only one)				
Sign	1 YES 2 ND		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nun		e 5 🗆 Re	eldence l	B Other (Specify)				
PHYSICIAN:	27, MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIN	IE OF	28c. INJ	URY AT		2ad. OESCRIBE HOW	INJURY OC	CURED		
8		Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-J. 7007		м		YES 2	NO					
- 10	3 Suicide 8	Could not be	28e. PLACE O building,	F INJURY — At hor etc. (Specify)	ne, farm,	street, fact	ory, offic	•		28f. LOCATION (Stree City or Town, Stel	t end Numbe	r or Rural I	Route Number,	
	4 Homicide	determined												
2	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the beet of	my knowledge, des	th occurr	ed at the ti	me, date	end place,	end due	to the cause(e) and m	enner ee ata	ted.		
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: Dn the beele of e	xamination end/or in	rvestigatio	on, in my o	pinion, d	eath occur	ed at the t	time, date end place,	and due to t	he ceuse(e	e) and menner se atated.	
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE						29c. LICE	NSE NUM	BER	29d. DA1	TE SIGNED	(Month, Day, Year)	
	0/2	=		-1							10	3.	26,92	
٩	TO NAME AND EDUCATION	DIDNER WH	DOMESTIC CHI	TO ENTRITE	27 0	Phoe	N	ATION	VAL N	NAVAL MED				
	,,S. V. CU	RIALE,	LCDR, M							MD 20889				
	31. DATE FILED (Month, Day,		P2. PEGISTRA	R'S SIGNATURE	482									
	MAR 27 '9	1		Man al a										

1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAR	RTMEN	T OF H	HEALTH	AND	MENT	TAL HYGIEN	E			
1. DECEDENT'S NAME (First,	, Middle, Last)	<u></u>		02.1111	IOAII		DEA	-	2. D/	ATE OF DEATH			3. TIME OF DEATH	
John Walt	er St	afford	Banks						MO	rch 25,	199	2 YEAR	11:55 A	M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH			IPLACE (State or Foreign	-
213-33-969	6	1 🕅 M 2 🗌 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	ADT:	il 3, 1	920	Count	tland	
9a. FACILITY NAME (If not in					9b. CITY	, TOWN	OR LOCATIO	ON OF D		- U - U		INTY OF D		_
13134 Vall		Drive			Wh	eato	n				Mon	tgom	erv	
RESIDENCE OF DEC	10b. COUNTY			140-00								3		
Maryland		gomery			Y, TOWN		TION						10d. INSIDE CITY LIMITS?	
10e, STREET AND NUMBER	110110	gomery		WITE	aton								1 YES 2 NO	
	u cod	Destus				10	f. ZIP CODE		000	200			WHAT COUNTRY?	
13134 Valle	ywood	12. WAS DECEDEN	IT EVED IN III	C ADMED	100	WW 0 054			209				Kingdom	
1 Never Married 2		FORCES? 1	YES 2	₹ X NO		If yes, sp	ecify Cuba	n, Mexica	in, Puer	GIN? (Specify Yea to Rican, etc.)	or No-	14. RACI Black	E — American Indian, k, White, etc.	
3 Widowed 4 Divo	roed	IF YES, GIVE V	WAR OR DATE:	S		1 TYES	2 X NO	Specif	y:			Spec	ny: hite	
15. DEC	EDENT'S EDUC	ATION	16	. DECEDENT'S	USUAL O	CCUPATIO	ON .		To	16b. KIND OF BUS	INESS/IN		IIITCE	_
Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of a life, Do NOT us	work done se retired.)	during mo	st of workin	g						
12				Truck	Dri	ver				Shippin	q/Re	fini	.nq	
17. FATHER'S NAME (First, Mi							16. MOTH	ER'S NA	ME (Firs	st, Middle, Malden	0.		3	_
Harold Ed	gar Ba	nks					Ra	che]	l El	lizabeth	Sta	ffor	d	
19a. INFORMANT'S NAME (7)	ypa/Print)			19b. MAILING	ADDRESS	S (Street a	nd Number	or Rural	Route No	umber, City or Town	, Stetu, Zi	Code)	-	_
Lelia Ro	ark			13134									06	
20a. METHOD OF DISPOSITI 1	n 3 🗆 Remo	val from State	20b. PL.	ACE AND DATE OF SOUT DATE	of Dispos	at OT	me of		D	ATE 20c. LOC	ATION —	City or To		- d
21. SIGNATURE OF FUNERAL	L SERVICE LICE	NSEE	2	JOE DOI!	22.	NAME AN	ID ADDRES	S OF FA	CILITY			•	g, Maryiai	Iu
► Elle	n 4	V. R	apy	0	Ra	pp F	uner	al S	Serv	/ices, P Silver	. A.	na.	MD 20910	
23. PART I. Enter the di	seasea, or co	omplications the	t causad th	e death. Do r	not enter	tha mo	de of dyle	ng, auc	h aa c	ardiac or respir	atory ar	rest,	Approximete	
IMMEDIATE CAUSE (Fin		list only one cau	se on aach	lina.									Interval Betwee	
diseese or condition resulting in death)	<b>→</b>	Metas	tatic	Carcin	oma	of L	una							
resulting in death)				NSEQUENCE OF			3							
	o b												j	
Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A CO	NSEQUENCE OF	F):									-
CAUSE (Disesse or Injur														
that initiated events resulting in deeth) LAST		DUE TO	(OR AS A CO	NSEQUENCE OF	F):									
resulting in death) LAS	d.													
PART II. Other significes	nt conditions	contributing to	deeth but r	not resulting i	n the un	deriving	COUSE C	lven in	Part I	24a. WAS AN	umoney	-	WERE AUTOPSY FINDING	
						Cerrying	, couse y	14611 111	rait i.	PERFORI		248.	AMAILABLE PRIOR TO	
										1 TYES 2	X NO		OF DEATH?	
													1 TYES 2 NO	
25. WAS CASE REFERRED TO	MEDICAL													
EXAMINER?	-	HOSPITAL:	-24		OTHER	R:	ACE OF DE							
27. MANNER OF DEATH		1 Inpetient 2 I						idence		her (Specify)				
V-	Pending	(Month, De	ay, Year)	28b. TIMI INJ	URY		RK?		28d. D	EȘCRIBE HOW IN	JURY OC	CURED		
	nvestigation	26s PLACE O	E IN II IDV	1 5 5			ES 2	NO						
	Could not be letermined	building,	etc. (Specify)	At home, farm, s	treet, facto	ory, office	)			OCATION (Street ar ity or Town, State)	d Number	or Rurel A	oute Number,	
29a. CERTIFIER	EVINO BUVA:	AND TO M. C. C.		190										-
(Check only one) 2 MEDIC	CAL EXAMINED	AN: To the best of	my Knowledge	death occurre	at the ti	me, date	and place,	and due	to the c	cause(a) and mann	er as atat	ed.		
		THE PARTY OF EX	-	- envelopment	ii, in my o	рілюп, de	eath occure	at the	time, da	ete end place, and	dua to th	e cause(a)	and menner as stated.	
29b. SIGNATURE AND TITLE	OF CERTIFIER	0/	7	/	/		29c. LICE		BER				(Month, Day, Year)	
30. NAME AND ADDRESS OF	DEPENDENT	SOUND CONTRACT	mas	//			D17	135	_		Ma	rch	25, 1992	
Lawrence B						Δνο	nue	#20	17	Silver	Soni	na	MD 20002	

SZABEGIATRARY SIGNA THE ASSE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAR 27 '92

Ö	Ĉ	ned
H	Spring.	S
X	aw re	s bee
A	The 1	e ha
5	AN	tifical
4	YSIC	S Cer
7	PH S	ill J
2	NIG	Afte
DIVISION OF VITAL RECO	ATTEN	CTDR
5	8	DIRE
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law returning in	TO THE FUNERAL DIRECTOR: After this certificate has been signed
	土	표
	2	2
		1

										97	2	1012	ls
	1 - FOR STATE REGISTRAR	STATE OF MA					HEALTH AND DEATH	MENTA	L HYGIEN REG. NO				
	1. OECEDENT'S NAME (First, Middle, Last)		_						OF OEATH		UE 450	3. TIME OF D	EATH
	JANICE M. B	ROWN						MONT	3 13	9 1	992	2:05	p.m.m
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. las	st birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State o	_
	509-44-7039	1 M 2 F	48	YRS.	MONTHS	DAYS	HOURS MIN.		h, Day, Year)		Country	Kansas	
	9e. FACILITY NAME (If not institution, give sti	reet end number)	70	,	9b. CIT	Y, TOWN (	OR LOCATION OF D		4-43	9c. COUN	TY OF O		
E E	THE JOHNS HOPK	INS HOSPI	TAI.				ORE CITY				TIMO		
15	RESIDENCE OF DECEDENT	IND HODII	11111		DAL	TITI	JRE CITI			DAL	TIMO	KL	
DIRECTOR	100. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE C	ITY
	Florida Dade			Mi	ami							LIMITS?	V NO
FUNERAL	10e. STREET AND NUMBER					101	f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY	14
ER	14810 S.W. 149th A	Avenue					33196			US	SA		
S	11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS DEC	ENDENT OF HISPAI	NIC ORIGII	17 (Specify Yes			- American I	ndlen.
100	1 Never Married 2 X Married	FORCES? 1 [	YES 2 X N	40		If yee, sp	ecify Cuben, Mexica 2 X NO Specif	en, Puerto				- American In White, etc.	
ВУ	3 Widowed 4 Divorced						a Mil Ho obeca	y.			Cau	asian	
9	15. DECEOENT'S EDUC (Specify only highest grade of	ATION completed)	18e. DE	CEDENT'S	USUAL O	CCUPATIO	ON ost of working	166	KIND OF BUS	SINESS/INDI	USTRY		
E #	Elementary/Secondary (0-12)	College (1-4 or 5 +)	He.	Do NOT us	se retired.)	during mo	ost or working						
1dV		1	Se	cret	ary				Feder	al Go	ven	ment	
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First,				30110	
Ш	Ben J Maes						Eliza	heth	A Sch	artz			
A.	19s. INFORMANT'S NAME (Type/Pros)		191	b. MAILINO	ADDRES	S (Street e	and Number or Rural				Code		
TO	Truman E Brown						9th Aven					4	
60	20s. METHOD OF DISPOSITION		20b. PLACE					DAT		CATION - C			
150	N□ Buriel 2 □ Cremation 3 □ Remo 2 □ Donation 5 □ Other (Specify)	vei from State	comenty, cre	metary or o	Tipr place	annon m	Cemetery	- 7/	27 1-7	CATION - C	aty or low	vn, State	
152	21. SIGNATURE OF FUNERAL SERVICE LICE	ENGER	T COTUM	Dia	Gara	ens	ND ADDRESS OF FA	3/	Za Ari	ingto	)n, 1	virgin	ıa
100	(-) 01	10.11	21	V	1 ***	Dem	aine Fun	eral	Homes	. Inc			
	( ) anhar	1001	80 m	17		Ale	exandria.	Vir	ginia	22314	1		
	23 PART i. Entar the diseases, or co ahock, or heart failure. L	ompilestions that	caused the de	ath. Do n	ot enter	the mo	de of dying, auc	h as care	liac or reapi	retory arre	est,	Approx	imate
	IMMEDIATE CAUSE (Final	nat only one csus	on each line	•									Batwean and Dasth
200	disesse or condition resulting in death)	ADVIT	下归加	ATOK	11 7	DISTI	RF4 JA	VIVD	ROM	<del>.</del>		30	21/1
		DUE TO (C	R AS A CONSEC	DUENCE OF	5:				-6 /	. 0		1	1 ys
z		AUDGE	NAIC	1	-UM	1	MARCE	W	V TRANSPLANT 130				PVI
은	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	DUENCE OF	7:		,		1			1	1/3
CA	CAUSE (Disease or injury	C 4/801	Vic	MM	4768	FNIM	US 6	UK	9111			1//1	WAL
三	that initiated eventa	OUE TO (O	R AS A CONSEC	DUENCE OF	7:	- Y - V						1	
CERTIFICATION	resulting in death) LAST												
Ü	DART II ON THE I												
AL	PART il. Other significant conditions	contributing to d	eath but not n	esulting i	n the ur	nderiying	g cause given in	Part i.	24e. WAS AN			WERE AUTOPSY AVAILABLE PRIC	
MEDICA									1 YES 2			COMPLETION O	
ME												1   YES 2	□ NO
													3
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DEATH (Ch	eck only on	e)				
SIC	OTHER:  1 YES 2 NO NO 1 Inpattent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
Ť	27. MANNER OF DEATH	28s. DATE OF IN	JURY	28b. TIM	E OF	28c. INJ	URY AT		CRIBE HOW IN	JURY OCC	URED		
BY F	1 Netural 5 Pending	(Month, Day,	1997)	INJ	URY M		PRK?						
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	NJURY — At hor	me, farm, s	treet, fact			28f. LOC	ATION (Street a	nd Number o	or Rural De	nuto Mumbar	
Ë	4 Homicide determined	building, at	c. (Specify)					City	or Town, State)			Total Professions,	
E	29e. CERTIFIER												
₽	(Check only one) 1 CERTIFYING PHYSIC (Check only one)												
COMPLETED		: On the bliste of txer	nynation end/or is	nveatigatio	n, in my o	opinion, de	eath occured at the	time, date	end place, and	d due to the	Ceuse(e)	and manner as	stated.
BE (	296. SIGNATURE AND MITLE OF CERTIFIER	1-11/11/	2 N	1			29c. LICENSE NUM	IBER		29d. DATE	SIGNED	Agent Day You	ed:
	Could	Count	7	1			D41=	793		▶ 3	/10	192	N.A
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	05 05 4711 4701	4 am (T				- 1/			171		



CARUS
31. DATE FILED (MONTH, Day, Year)
MAR 27 92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CARUS CALDAS MD JUHNS

AS MD JOH

CENTER

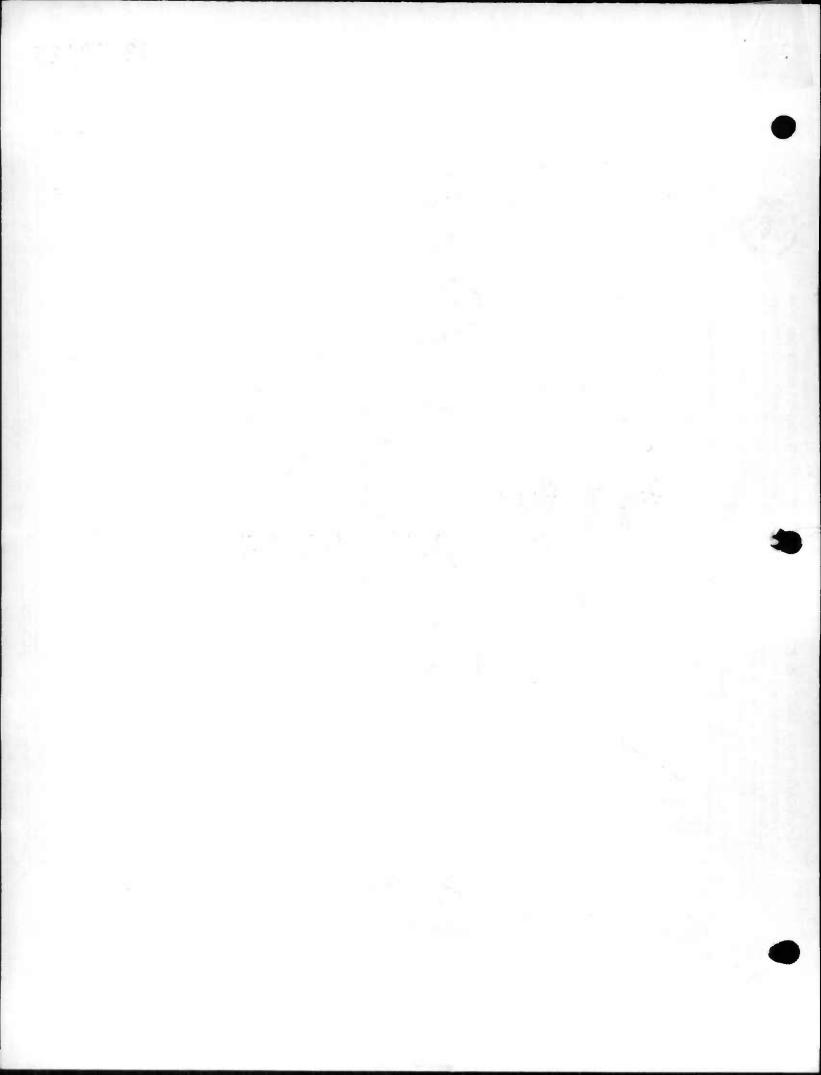
HOPKINS

ONUPLOGY

DIVISION OF VITAL RECORDS, F.O. BOX 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the curs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NOW OF VITAL RE	ENDING PHYSICIAN: The law req	IR. After this certificate has been ter death with the State Dept. of	Is marked, or Item 23 sho
	TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO be filed within 72 hours aft	IMPORTANT: If Item 28

:	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE	:
TRAR	CERTIFICATE OF DEATH	REG. NO.	
T'S NAME (First, Middle, Last)		2. DATE OF DEATH	_

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Carl A Brun	nner			2. DATE OF DEATH MONTH 3	SEAR S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-05-6440			UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-16-04	8. BIRTHPLACE (State or Foreign Country) MD. USA		
HOL	9a. FACILITY NAME (If not institution, give st  BAUTI MERE RESIDENCE OF DECEDENT	reet and number)		CITY, TOWN OR LOCATION OF OR	TOWN 9c.	BALTIMORE		
DIMECTOR	10a. STATE 10b. COUNTY	roll		own or Location Sville	10d. INSIDE CI LIMITS? 1 YES 2			
	100. STREET AND NUMBER 7200 Third Av	venue		101. ZIP CODE 21784	10g	USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+) +4	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATION done during most of working fred.)  Engineer	16b. KIND OF BUSINES Balto.	Gas and Electric		
BE COR	17. FATHER'S NAME (First, Middle, Last) Charles Brui	nner	18. MOTHER'S NA Barba	ME (First, Middle, Maiden Surne ra Haehn	ime)			
2	19a, INFORMANT'S NAME (Type/Print) Fairhaven		nird Avenue	Route Number, City or Town, Sta Sykesville	no, Zip Code) 2 , Md 21784			
	20e. METHOD OF DISPOSITION 1	oval from State	other place)	N (Name of comotory, cromatory or emation Service	ces Hamptst	on — City or Town, Stata cead, Md.		
	21, SIGNATURE OF FUNERAL SERVICE LICE	Haight		22. NAME AND ADDRESS OF FA Haio Box 195 Sy	ght Funeral H kesville;, N			
FRIIFICATION	23. PART I. Enter the diseases, or anock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cere by Due to (OR AS DUE TO (OR AS C.	each lina.	enter tha mode of dying, suc	1 1	ry arreat, Approximate Interval Between Onset and Death		
: MEDICAL CE	PART II. Other algnificant condition	a contributing to death	ha undarlying cause given in	Part I. 24e. WAS AN AUTO PERFORMED 1 TYES 2 24	27 AMAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 70	HOSPITAL:		26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence				
ву Рну	27. MANNED OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW INJUR	TY OCCURED		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, streed ecity)	et, factory, office	281. LOCATION (Street and A City or Town, State)	Number or Rural Route Number,		
COMPLETED	anal cont			t the time, date and place, and due n my opinion, death occured at the		as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	This!	Mer n	29c. LICENSE NU D2221		d. DATE SIGNED (Morith, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WI-	1645 Libe	erty Road	Eldersburg,	Md 21784			
	APR Jany 200, Year)	And the state of the said	yarysla BL		-			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 burs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (Sint, Middle, Last)	14		2. DATE OF DEATH	X. YEAR	3. TIME OF DEATH				
	IRENE LARMO	DRE BRUG	`E	WONTH 15 DA	2 YEAR	139/m H				
			UNDER 1 YEAR OF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign				
		MC	HITHE DAYS HOURS MIN.	(Month, Day, Year)	Coun					
	213-15-871.									
	9a. FACILITY NAME (If not institution, give street and number)	94	b. CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	ryland				
医	Manokin Manor Nursing Ho	amo	Princess And	2.0	Some	t				
K	RESIDENCE OF DECEDENT	JIIIE	FITHCESS AIII	IE	2006	ESEL				
E I	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY				
뜻 I	Manual					LIMITS?				
51	Maryland Somerset 100. STREET AND NUMBER	I Pr	incess Anne			WHAT COUNTRY?				
FUNERAL DIRECTOR	100. STREET AND NOMBER		IUI. ZIP CODE		10g. CITIZEN OF	WHAI COUNTRY?				
W	12875 Backbone Road		21853		U.S					
5	11, MARITAL STATUS 12, WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISPAI		or No- 14, RAC	E — American Indian, ck, White, etc.				
<u>L</u>	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OR D		If yes, specify Cuban, Mexics  1 YES 2 NO Specific		Spec					
B	3 Widowed 4 Divorced			,.		nite				
0	15. DECEDENT'S EDUCATION	16a, DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS		1100				
E I	(Specify only highest grade completed)		done during most of working							
١٣	Elementary/Secondary (0-12) College (1-4 or 5 +)		,							
를	12	Secreta	ry/Bookeeper							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)					
	Will O Larmore		1 1 1 1 1 1	ian Morr	ic					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AL	ODRESS (Street and Number or Rural							
임										
	Mr. Charles A. Bruce		Backbone Rd							
	20a. M57HOD OF DISPOSITION 1	<ul> <li>b. PLACE OF DISPOSITI other place)</li> </ul>	ON (Name of cometery, crematory or	20c. LO	CATION — City or T	own, Stata				
			Cemeterv	Pr	. Anne	Md. 2185				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY						
			Hinman Fur	neral Hom	е	1				
	Jam 2 Hanna 6	M00295	Princess /	Anne Md	21853					
	23. PART / Enter the diseases, or complications that cause	d the death. Do not	enter the mode of dying, suc	h as cardiac or respi	ratory arrest,	Approximate				
	shock, or heart failure. List only one cause on e	each line.				Interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition	2012 12 1	. / 1			Onset and Death				
]	moulting in death)	He P ++	10 - Ware							
1	DUE TO (OR AS	A CONSEQUENCE OF):								
z		(m	- hors and he	cites						
9	disease or condition tesuiting in death)  Due to (or as a consequence of):  Combon on the party of a long tesuiting in death)  Due to (or as a consequence of):  If any, leading to immediate									
A	cause. Enter UNDERLYING	7	returbosis							
CERTIFICATION	CAUSE (Disease or injury C. DUE TO (OR AS	A CONSEQUENCE OF):	0-0   0 ( 0 ) G							
ĒΙ	that initiated events resulting in death) LAST									
E	d									
0	PART II. Other aignificant conditions contributing to death i	hut not resulting in	the underlying cause given in	Part I. 24a, WAS AN	ALTTOPSY 24	b. WERE AUTOPSY FINDINGS				
EDICAL	VALUE OF A STATE OF A	but not resulting in	une underlying cause given in	PERFOR		AVAILABLE PRIOR TO				
음				1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?				
						1 TYES 2 NO				
PHYSICIAN: M				_						
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	neak anti-anal						
<sub>디</sub>	EXAMINER? HOSPITAL:	To	THER:	neck only one)						
S	1 YES 2 NO 1 Inpetient 2 ER/Out		☐ Nursing Home 5 ☐ Residence	8 Other (Specify)						
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED					
	1 Matural 5 Pending	***************************************	M 1 YES 2 NO							
ВХ	28a PLACE OF INJUST	Y — At home, farm, str	et, factory, office	28f. LOCATION (Street a	and Number or Rural	Route Number.				
	3 Suicide 6 Could not be building, etc. (Spe	ecily)	,	City or Town, State)		,				
E										
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	wiedge, death occurred	at the time, data and place, and du	n to the cause(s) and mar	mer as stated.					
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination					(s) and manner as stated.				
8			, , , , , , , , , , , , , , , , , , , ,			(-)				
	29b, SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)				
BE	E Glieb MD		D15	180	D 7-	15-92				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type P			) _					
		1.		can lone	MD	1				
		mo K un	Honor, Pro	can line	FIV					
	31. DATE FILED (Month, Day, Year) 32. NEGETTIAR'S SIG	NATURE								
3	MAR 17'92 Sulin Dec	THE PERSON NAMED AND ADDRESS OF	La							

1 - STATE REGISTRAR			CE	RTIF	ICATI	E OF	DEAL	ГН	MENTAL	REG. NO			
1. DECEDENT'S NAME (First	Middle, Last)								2. DATE O	OF DEATH			3. TIME OF DEATH
MELBA		т.			BEC	KNEF	?		03	1		1992	5:39 P.M
4. SOCIAL SECURITY NUME		S. SEX	6. AGE (In yrs. lee	birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE C	OF BIRTN Day, Year)		8. BIRTI	IPLACE (State or Foreign
577 03 616	1	□ M 2 🔼 F	77	YRS.	MONTHS	DAYS	HOURS	Miles.			1914		hington D.C.
9e. FACILITY NAME (# not in					9b. CITY	, TOWN O	R LOCATIO	ON OF DI				NTY OF E	
CALVERT MEM		OSPITAL			PRIN	ICE F	REDE	RICK			CAL	/ERT	
RESIDENCE OF DEC	10b. COUNTY			10c CIT	y TOWN	OR LOCAT	ION						10d, INSIDE CITY
Maryland	Calve	ert		_	sby	on coon	1014						LIMITS?
10e. STREET AND NUMBER				Ба	309	101	ZIP CODE				100 CIT	TEN OF	1 YES 2 KNO
508 Beech	Drive					100	206		٠		_		States
The state of the s								- American Indian,					
1 Never Married 2 🔀 3 Widowed 4 Divo	Married	FORCES? 1 IF YES, OIVE W	YES 2 PN	io Io		If yes, spe		n, Mexica	in, Puerto Ri	lcan, etc.)	0.1.0	Blac	white, etc.
15. DEC	EDENT'S EDUCAT	TION	16a DE	CEDENT'S	USUAL O	CCUBATIO			1 401	KIND OF BUS	1 N.E.O.O. (II)		
	y highest grade coi	mpleted)	(Gi	ve kind of v Do NOT us	vork done	during mos	st of working	g	180.	KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (u	,	College (1-4 or 5 +	, E	Bookk	eepe	r			E	ducat	Lon		
17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Malden Surneme)													
	Giacinto R. Trilli Gelsomina O. Turco												
19e. INFORMANT'S NAME (Type/Print)  Delbert M. Beckner  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  508 Beech Drive Lusby Maryland 20657													
20a, METNOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelary, cremetary, cremetary, or other place)													
4 Donation 5 Other  21. SIGNATURE OF FUNERA		eee	Fort	Line					3/21/	92 B:	rentv	vood	Maryland
DI -	DI + C C. Reall-Evans Funeral Home PA												
Robert E. Evans, Tres. 16000 Annapolis Rd. Bowie Maryland 20715													
23. PART I. Enter the di	iseases, or con	npilications that	caused the de	ath. Do n	ot anter	the mod	de of dyle	ng, suc	h as cardi	ac or reapi	ratory an	reat,	Approximate
iMMEDIATE CAUSE (Fin disease or condition resulting in death)		Pine	raoper OR AS'A CONSEC	ativ	e C	ard	iac	Arr	hyth	mia			Interval Batween Onset and Death
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events	diate NG	Re DUE TO	OR AS A CONSEC	E Pa	tho h:					re o		Fem	ur
resulting in death) LAS	T d												
PART ii. Other significa	nt conditions o	enntributing to	death but not re	eaulting i	n the un	darlying	Ceuse g	iven in	Part I.	24s. WAS AN	ALITOPSY	24b	WERE AUTOPSY FINDINGS
										PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
									-	1 YES 2	□ NO		OF DEATH?
						-			-				1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26 PL	ACE OF DE	ATN /Ch	eck only one	1			
EXAMINER?	H	OSPITAL:	ER/Outpatient 3		OTHER	₹:							
1 🔯 YES 2 🗆 NO	1 1			U DUA	4 L Nun	Bina Nome				(Specify)			
1 X YES 2 NO	1	28e. DATE OF		28b. TIMI				sidence			LIURY OC	CHRED	
27. MANNER OF DEATH  X Natural S	Pending	_	INJURY	28b. TIMI INJ	E OF	28c. INJU	JRY AT			RIBE NOW II	NJURY OC	CURED	
27. MANNER OF DEATH  XX Natural S  2 Accident	Pending nvestigation	28e. DATE OF (Month, De	INJURY ly, Year)	INJ	E OF URY M	28c. INJU WOF 1 Y	JRY AT RK? ES 2 [		28d. DESC	RIBE NOW I			loute Number
27. MANNER OF DEATH  3. Naturel 5 2 Accident 3 Suicide 6	Pending	28e. DATE OF (Month, De	INJURY	INJ	E OF URY M	28c. INJU WOF 1 Y	JRY AT RK? ES 2 [		28d. DESC 26f. LOCAT				loute Number,
27. MANNER OF DEATH  3. Natural 5   2   Accident 3   Suicide 6   4   Nomicide	Pending investigation Could not be determined	28e. DATE OF (Month, Da 26e. PLACE Of building,	INJURY y, Year) FINJURY — At hor etc. (Specify)	ne, farm, s	E OF URY M Rreet, fact	28c. INJt. WOF 1 Y ory, office	JRY AT RK? ES 2	NO NO	28d. DESC 28f. LOCAT City or	TION (Street a Town, State)	nd Number	r or Rural I	toute Number,
27. MANNER OF DEATH  3. Natural 5   2  Accident 3   3  Suicide 6   4  Nomicide 6   29e. CERTIFIER (Check only 1   CERT	Pending investigation Could not be determined	28e. DATE OF (Month, De 26e. PLACE Of building, N: To the best of	INJURY y, Year)  INJURY — At horate. (Specify)	ne, farm, s	E OF URY M treet, fact	28c. INJU WOF 1 VIOLENT YOUR OFFICE Ime, data	JRY AT AK? ES 2	NO and due	28f. LOCAT	TION (Street a Town, State)	nd Number	or Rural I	loute Number,
27. MANNER OF DEATH  X Natural 5	Pending Investigation Could not be determined IFYINO PNYSICIA CAL EXAMINER: OF CERTIFIER	28e. DATE OF (Month, De 28e. PLACE Of building, N: To the best of On the besis of ax	INJURY y, Year)  INJURY — At horate. (Specify)	ne, farm, s	E OF URY M treet, fact	28c. INJU WOF 1 VIOLENT YOUR OFFICE Ime, data	JRY AT AK? ES 2	NO and due	28d. DESC 28f. LOCAI City or to the caus time, date a	TION (Street a Town, State)	ner as stat	r or Rural I	
27. MANNER OF DEATH  X Natural 5	Pending nrestigation Could not be determined IFYINO PNYSICIA CAL EXAMINER: (	28e. DATE OF (Month, De 28e. PLACE Of building, N: To the best of On the basis of ax	INJURY y, Year)  INJURY — At horate. (Specify)	ne, farm, s	E OF URY M treet, fact	28c, INJL WOF 1 Viory, office	JRY AT 19K? ES 2 and place,	and due	26f. LOCAL City or to the caus- time, date a	TION (Street a Town, State)	ner as stated due to the	r or Rural I	) and manner as stated.
27. MANNER OF DEATH  3. Natural 5   2	Pending Investigation Could not be determined IFYING PNYSICIA CAL EXAMINER: OF CERTIFIER I Wig	28a. DATE OF (Month, De 28a. PLACE OI building, De 28a. PLACE OI building, De 28a. PLACE OI the basis of ax Don the basis of ax DOMPLETED CAUS	INJURY y, Year)  INJURY — At horetc. (Specify)  my knowledge, desemination and/or in	ne, farm, so the occurrence attention occurrence at	E OF URY M M Atreet, fact and at the ti n, in my o	28c. INJL WOF 1 YOU YOU YOU YOU YOU YOU YOU YOU YOU YOU	JRY AT AR? 2	and due ed at the NSE NUM	28d, DESC 28f, LOCAL City or to the cause time, date a #BER	RIBE NOW II FION (Street a Town, State) e(s) end man	nd Number	r or Aural I	) and manner as stated. (Month, Day, Year) -1992
27. MANNER OF DEATH  X: Natural 5   2   Accident   3   Suicide   4   Nomicide    29e. CERTIFIER   CERTIFIER   (Check only one)   22   MEDI  29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined  IFYINO PNYSICIA CAL EXAMINER: OF CERTIFIER  Wyg PERSON WHO C	28e. DATE OF (Month, De 26e. PLACE OI building, In the best of On the best of EXAMPLE CAUSE MD	INJURY y, Year)  INJURY — At horetc. (Specify)  my knowledge, desemination and/or in	ith occurre investigation  27) (Type,	E OF URY M Intreet, fact at the till in, in my o	28c. INJL WOF 1 YOU YOU YOU YOU YOU YOU YOU YOU YOU YOU	JRY AT AR? 2	and due ed at the NSE NUM	28d, DESC 28f, LOCAL City or to the cause time, date a #BER	TION (Street a Town, State)	nd Number	r or Aural I	) and manner as stated. (Month, Day, Year) -1992

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

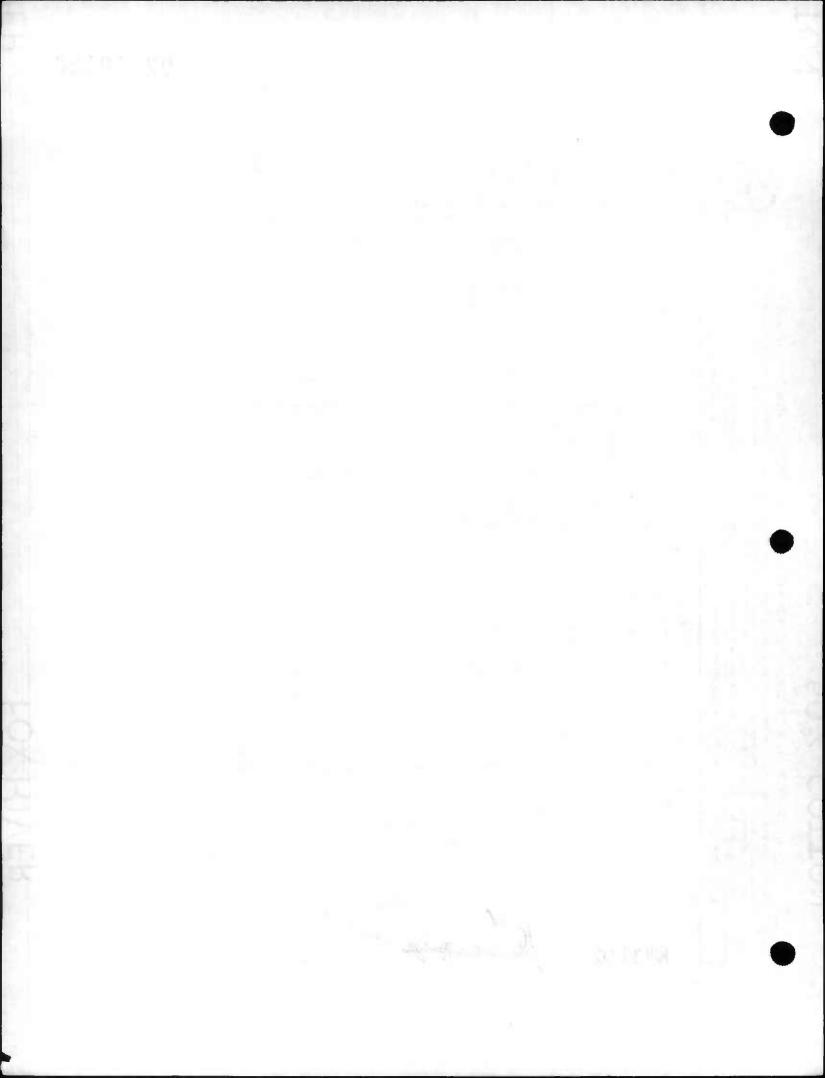
IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89

DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	B	SHO
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	PIT	ER
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t
	¥	4

	1. DECEDENT'S NAME (First, Middle, Last	n		CERTIF			EAIH	2.04	REG. NO.			3. TIME OF DEATH
		Frederi Barnes	ick E	Eugen	e Ba	arnes		0		9	92	03:18
	4. SOCIAL SECURITY NUMBER 214-42-9827			lest birthday) 17 vns.	IF UNDER		UNDER 24 HRS. URS MIN.		TE OF BIRTH	544	S. BIRTHE Country Mar	yland
ALC: Y	9a. FACILITY NAME (If not institution, give				9b. CITY	, TOWN OR LO	OCATION OF	1			TY OF DE	
NO BO	DORCHESTER O	GENERAL HO	OSPIT	TAL	-	CAMBR	IDGE			Dor	ches	ster
ECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN				Y TOWN !	OR LOCATION	_		J			10d. INSIDE CITY
DIRE		DORCHESTE	R			BRIDG	F					LIMITS?
	10e. STREET AND NUMBER	OUTOUTED I IS			A 27 T	101. ZIP				10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	201 CRUSADER F					2	1613		1	1	USA	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Myorced	12. WAS DECEDENT E FORCES? 12 IF YES, GIVE WAR Aug 62	OR DATES				Cuban, Mexic	can, Puer	GIN? (Specify Year to Rican, etc.)	or No—	14. RACE Black, Specify	- American Indian White, etc. White
0	15. DECEDENT'S ED (Specify only highest gra	DUCATION ide completed	16a.	DECEDENT'S	USUAL O	CCUPATION during most of	workina		16b. KIND OF BUS	INESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	life. Do NOT us	e retired.)							
MP	1.2 17. FATHER'S NAME (First, Middle, Last)			State	PO.				st, Middle, Malden S	Dame or or it		
	Charles Norman	Barnes				18.		gar		sumame) sche	er	
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street end N		_	lumber, City or Town			
5	Paul N. Barr	nes							nodesda			1659
	20g. METHOD OF DISPOSITION	emoval from State		CE AND DATI						CATION —		
	4 Donation 8 D Other (Specify)		Md.	vet.					3/3 Hu	rlo	ck,	Md.
	21. SIGNATURE OF HUNERAL SERVICE	LICENSEE				NAME AND A			al Home			
	yould,	Jones				700 L	ocust	St	Cambr	idge	e, M	id. 216
RTIFICATION	immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of): CORONARY ARTERY DISEASE  Coronary autury durature  Due to (or as a consequence of):  CAUSE (Disease or injury that initiated events resulting to the consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
CERI	resulting in death) LAST	d										
MEDICAL	PART II. Other alignificent conditi	ions contributing to de	eth but no	ot resulting	in the u	nderlying ca	nuse given i	n Part i	24e. WAS AN PERFORE	MED?	24b.	WERE AUTOPSY FIR AWAILABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N
	25. WAS CASE REFERRED TO MEDICAL					28. PLACE	OF DEATH (	Check on	ly one)			
IAN	EXAMINER?	HOSPITAL:	R/Outpatient	t 3 🗆 DOA	OTHE 4 - Nu	R: rsing Home 8	☐ Residenc	8 🗆 (	Other (Specify)			
rSICIAN	4			28b, TIN	E OF	28c. INJURY	AT	28d.	DESCRIBE HOW IN	NJURY OCC	TIRED	
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		IN.	M	WORK?					JOHED	
ED BY	1 Netural 8 Pending	(Month, Day, on 28e. PLACE OF I building, ato	Year)		JURY M	1 TYES	-		LOCATION (Street a City or Town, State)	and Number		loute Number,
ED BY	1 Neturel 8 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not 8 determined  29e. CERTIFIER Check only 1 CERTIFYING PH	(Month, Day, on 28e. PLACE OF I building, ato	NJURY — At c. (Specify) y knowledge	1 home, farm,	M street, fac	WORK7 1 YES	2 NO	ue to the	City or Town, State)	ner as stat	or Rural R	
BE COMPLETED BY	1 Neturel 8 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not 8 determined  29e. CERTIFIER Check only 1 CERTIFYING PH	28e. PLACE OF I building, atc  YSICIAN: To the best of my INER: On the basic of exar  FIER	Year)  NJURY — At c. (Specify)  y knowledge ministion end	1 home, farm,	Street, fac	WORK? 1 YES story, office	2 NO	ue to the	City or Town, State)	ner as stat d due to th 29d. DAT	or Rural R	
E COMPLETED BY	1 Netural 8 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE/OF CERTIF	YSICIAN: To the best of my INER: On the basic of example.	NJURY — Ar c. (Specify) y knowledge mination end	a death occurr	M street, face at the con, in my	WORK? 1 YES story, office	2 NO	ue to the	City or Rwin, State)  cause(a) and men date end place, end	ner as stat d due to th 29d. DAT	or Rural R	) and menner as st (Month, Day, Year)
BE COMPLETED BY	1 Neturel 8 Pending Investigation 3 Suicide 6 Could not 8 determined  20e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	YSICIAN: To the best of my INER: On the basic of example.	Year) INJURY — At c. (Specify)  y knowledge ministion end  OF DEATH (	n, death occurr  Nor Investigate  (A Re) (Type	M street, face at the con, in my	WORK? 1 YES story, office	2 NO	ue to the	City or Rwin, State)  cause(a) and men date end place, end	ner as stat d due to th 29d. DAT	or Rural R	) and menner as st (Month, Day, Year)



8760,
BOX 6
P.O.
RECORDS,
OF VITAL
DIVISION

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEF	PARTMENT (	F HEALTH AND	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, MARIN, Last)			ca :	0.000	2. DATE OF DEATH		3. TIME OF DEATH			
	Gwendole	N C.		CANO	lela	The second secon	ZG 199	12 8:40 P. W			
	4. SOCIAL SECURITY NUMBER	50 25	6. AGE (fir yes, leaf bette	and the second second second	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN	7. DATE OF BIRTH (Musth, Day Year)	4.5	BIRTHPLACE (State or Foreign Country)			
	219-090-128	1 M 2 X F	89 YR	S. Similar	AYS MOURS MIN.	JANUARY 2	The second second				
or	Be. FACILITY NAME (If not institution, give a		DEATH	9s. COUNTY							
Ď.	ST. MARY'S HOSPI	TAL		LEONAL	RDTOWN		ST. MA	RY'S			
DIRECTOR	10s. STATE 10b. COUNT	Ψ.	10c.	CITY, TOWN OR	OCATION			10d. INSIDE-CITY LIMITE?			
		LARY'S	L	EONARDTO	OWN			1 TES 2 X NO			
FUNERAL	10s. STREET AND NUMBER				101, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
NE NE	CEDAR LANE APARTM	_		-	20650		and the same of th	STATES			
5	1 Never Married 2 Married	FORCEST 1	YES 2 NO	If ye	rs, specify, Cubiss, Max	MANIC ORIGIN? (Specify Wican, Puerto Rican, etc.)	COPPLY CO	RACE — American Indian, Black, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WA	ON DATES	10	YES 2 (Sale) Spe	ely:		Specify: WHITE			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDEN	T'S USUAL OCCL	PATION	16b. KIND OF BI	USINESS/INDUST				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do No	37 use retired.)							
₩	1.7. FATHER'S NAME (First, Micros, Last)		REGIS	STERED 1							
	The state of the s					NAME (First, Middle, Maide	n Sumama)				
BE	JOHN CORMACK  15s. INFORMANT'S NAME (Type/Print)		19b, MAG	ING ADDRESS /S	The state of the s	SPEARS  W Moute Number, City or To	sen State No Cod				
2	JOHN A. CANDELA					RENCE AVE.		77.0			
	20s. METHOD OF DISPOSITION 1   X Burlel   2   Cremation   3   Ram	and from State	20b. PLACE AND DA	TE OF DISPOSITIO	The same of the sa		OCATION — City	the state of the s			
	4 Donation 5 Cher (Specify)		ARLINGTO	N CEMETI	ERY	3/30 ARL	INGTON,	VIRGINIA			
	21. SIGNATUBE OFFUNERAL SERVICE LI	mule .	/	22. NA	ME AND ADDRESS OF			NERAL HOME			
	P COLUMN 1/1 COL		JR. M0005	2	5.2 NORTH	WASHINGTON WASHINGTON	NETREET	0			
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications thet	caused the death. [					Approximate			
	IMMEDIATE CAUSE (Final			1/ 0				Interval Batween Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
		DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions,	DUE TO (	OR AS A CONSEQUENCE								
CAT	if any, leading to immediate cause. Enter UNDERLYING	121	termano	in	1/9	) SEASE					
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (	OR AS A CONSEQUENC		-						
CERTIFICATION	resulting in death) LAST	d									
AL C	PART II Other algnificent condition	s contributing to c	leeth but not resulti	ng in the unde	rlying cause given	in Part I. 24e. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
S	LEAT H	ID FRY	fence				PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
AED							. Xuo	OF DEATH?			
ä											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			86. PLACE OF DEATH	Check only one)					
YSI	1 TYES 2 NO	1 Inpatient 2 -	ER/Outpetlent 3 DO	OTHER:	Home 5 - Residence	e 6 ☐ Other (Specify)					
	27. MANNER OF DEATH  Netural 5 Pending	/ 26e. DATE OF II (Month, Day		INJURY	E. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
B	2 Accident Investigation	28e PLACE OF	INJURY — At home, lar		YES 2 NO	AND A CONTINUE OF THE					
COMPLETED	3 Suicide 6 Could not be 4 Homicide datarmined	building, a	tc. (Specify)	in, street, factory,	onice	281. LOCATION (Street City or Town, State	t end Number of R 8)	lural Route Number,			
E	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of a	ny kaomindan desita sa			ue to the cause(s) and me					
MP								use(e) end menner ee stated.			
	IN SIGNATURE AND TITLE OF CENTURE		1		290 LICENSE N			GNED (Mogth, Day, Year)			
BE	Thurs Ne	KlleM	9		1)30	054	D 2/2	6/92			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27)	Type, Print)	// ^	/ / 11	1 3	010			
	600 MOAX		V7.	LEON	(And) no	MN, M	1) 2	0620			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	's signature or			•					
	MAR 3 0 '92	gune paires									

Hardwell Tople 

1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Leat)  KENNETH	WAYNE		СНА	CF	2. DATE O MONTH	of DEATH DAY	199	YEAR	3. TIME OF DEATH  2:30 A.M
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE 0	_			LACE (State or Foreign
219-88-8540	tXXM 2 □ F	27 YRS.	MONTHS DAYS	HOURS MIN.	(Month,	Day, Year) . 11.1		Country	
9s. FACILITY NAME (If not Institution, give st		. /	9b, CITY, TOWN	OR LOCATION OF D		· 11,1	9c. COUNT		yland
ST. MARYS HOSPIT	rai ·		I EONAR				ST.N		
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			_		10d. INSIDE CITY
Maryland St.	Marv's	Me	chanics	7i 11a					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	<u> </u>			. ZIP CODE			10g. CITIZI		HAT COUNTRY?
P.O. Box 112				2065	0			10.7	
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPA		(Specify Yes		JSA 4. RACE	- American Indian,
1 Never Married 2 🔀 Married 3 Divorced	FORCES? 1 TYES		If yes, sp	ecify Cuban, Mexico 2 NO Special	an, Puerto Ri	ican, etc.)		Black, Specify	Whits, etc.
15. DECEDENT'S EQUO		16a, DECEDENT'S	USUAL OCCUPATION	ON	18h	KIND OF BUSI	NESS/INDI	STRY	DIACK
(Specify only highest grade   Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during me	est of working					
12 Grade	Conside (1-4 of 3+)	Auto M	echanic		G	round	Tranc	mor	ration
17. FATHER'S NAME (First, Middle, Last)		Tideo 1.	CCHAILC	18. MOTHER'S NA				POL	tacion
Paul Eugene Chase	0			0.00		rie Cu		alo a s	
196. INFORMANT'S NAME (Type/Print)	<u> </u>	105 MAII INC	Annees /Creat	and Number or Rural					
Patricia Ann Stew				Mechanio		_			
to Burisi 2 ☐ Cremation 3 ☐ Remo	oval from State cer	netery, crematory or o	ther place)		DATE	100	ATION CI		
4 Donation 5 Other (Specify)		arles Me				30 Leo	nardt	OWD	MD
Paul NM	nstield, Jr.	. M00052		POTE 270	Br				cal Home, PA
23. PART I. Enter the diseases, or o				de of dving suc	h sa cardi	ac or manin	WII, IV	ary.	Land 20650
ahock, or heart failure. I	list only one ceuse on e	each line.	A	A A	ii aa cardii	ac or reapin	atory arres	,	Interval Between
disease or condition resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	ound	0)	Les	st			Onset and Death
Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):						
cause. Enter UNDERLYING									!
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):						
resulting in death) LAST									
PART II Other elapiticant conditions	contribution to death i		la discount de de					1	
PART II. Other significant conditions	contributing to deeth t	out not resulting	in the underlying	g cause given in	Part I.	24a. WAS AN A PERFORM		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					- 1	1 / ES 2 [	NO		COMPLETION OF CAUSE OF DEATH?
						1			YES 2 NO
				2.0					^
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
1 TYES 2 NO	1 Inpatient 2/ ER/Out	patient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other	(Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DESC	RIBE HOW IN	JURY OCCU	REO	
1 Natural 5 Pending 2 Accident Investigation	03-25-19				SUBJ	ECT S	НОТ		
3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, ferm, s	street, factory, offic	•	28f. LOCAT	TION (Street an		Rural Ro	ute Number,
4 Homicide determined	building, etc. (Spe	PARKI	NG LOT		ROU'	TE 24	7		
296. CERTIFIER	MAN: To the heat of my hour	de dans de sets services							
	CIAN: To the best of my known: R: On the basis of examination								
	/	Once investigation	ii, iii iiiy opiiioii, u	earl occured at the	time, data a	ina piacs, sna	que to the	ceuse(s)	and manner as stated.
29h. BIGNATURE AND TITLE OF CERTIFIER	1 . k.	1.		29c. LICENSE NUI					Month, Day, Year)
Laun	-1044	100		O.C.M.	E.		<b>P</b> 03-	26-	1992
J. LARON LO	COMPLETED CAUSE OF DE	111 P		REET BA	I TIM	ORE M	ARYI	AND	21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								
MAR 3 0 '92	gulia Davido	on your first							



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permode filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I		YGIENE
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF D	EATH
D 7 .		MONTH	DAY

					-111111	ICAL	UF	DEA	П		REG. NO.			
1	1. DECEDENT'S NAME (First									2. DATE	OF DEATH		YEAR	3. TIME OF DEATN
3		obert	C.	Cody						Marc		8, 19		12:20 A M
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTN		8. BIRTH	PLACE (Stete or Foreign
	499-05-133	5	1 🖾 M 2 🗌 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.		1, Day, Year)	000	Country	ssouri
	9a. FACILITY NAME (If not in	nstitution, give s	street end number)			9b. CITY	6. CITY, TOWN OR LOCATION OF DEATH S.C. COUNTY OF D.							
R	Rockville Nursing Home						2001-							
5	RESIDENCE OF DEC	CEDENT	ELIG HOME				TOCK	ville	3			Mor	ntgom	ery
DIRECTOR	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCAT	ION					T	10d. INSIDE CITY
	Md.	Mont	gomery			Be	thes	da						LIMITS?
AL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g, CITI	ZEN OF W	HAT COUNTRY?
BY FUNERAL	5807 Os	ceola	Rd.					2081	6					
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.				IIC OBIGIN	? (Specify Yes		S.A.	- American Indian.
F	1 Never Married 2		FORCES? 1	XES 2 DA	10		If yes, sp	ecify Cubs	n, Mexice	n, Puerto F	lican, etc.)	01 110-	Black,	White, etc.
	3 Widowed 4 Divo	orced	W.W.				1   123	2 <b>NO</b>	Specify	/:			Specif	White
COMPLETED	15, DEC	EDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL OC	CCUPATIO	)N		16b.	KIND OF BUS	INESS/IND	USTRY	111111111111111111111111111111111111111
m.	Elementery/Secondary (6		College (1-4 or 5 +		Do NOT us	work done o se retired.)	during mo	st of working	g					
P			4		urna	list				1	Fed. G	ovit.		
O	17. FATNER'S NAME (First, M	liddle, Last)						16. MOTI	VER'S NAI		liddle, Meiden			
	James		Cody						Otti		100		20110-	
BE	190. INFORMANT'S NAME (7	Type/Print)		101	MAILING	ADDRESS	/Chan at a				er, City or Town	orge		
5	Yvonne	Cody			807		eola				_			0007
	20e. METNOO OF DISPOSIT				-				• D	ethe		Mary		20816
	1 Buriel 2 Cremetto	n 3 🗆 Reme	oval from State	cometery, cre Cham	matory or o	her place	ITION (Na	me of		OATE		ATION —		
	21. SIGNATURE OF BUNERA		ENGEE .		bers		-			/31/9		verda		
-	71	E GENTIOL EN	1 # 6	70/				D AODRES		V				. Inc.
4	Choma	ss.	Chan	ferr	-	92	241	Colu	nbia	Blvd	. Sil	. Spa	. Md	. 20910
	23. PART I. Enter the di	iseesea, or c	complications that	caused the de	eth. Do r	ot enter	the mo	de of dyl	ng, such	aa card	lec or reapir	atory arn	est.	Approximata
- 1	IMMEDIATE CAUSE (Fin	Call IGHOIG.	List only one cau	se on each line								,		intarval Between
- 1	disease or condition	161	A			- 4		a .						Onset and Daath
	resulting in death)		DUE TO	yotroph	T.C. T	Later	ral	SCT	erosi	15 (	ALS	)		
-				OT NO H CONSEC	OLIVOL OF	1.								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
Ă	cause. Enter UNDERLYI	NG				,.								
프	CAUSE (Disease or inju	ry	DUE TO	OR AS A CONSEC	UENCE OF	n:								+
E	reaulting in death) LAS	T				,								i
빙			1											
	PART II. Other algnifice	nt condition	a contributing to	death but not n	suiting i	n the unc	derlying	ceuse g	iven in F	Part I.	24a. WAS AN A	WTOPSY	246. 1	WERE AUTOPSY FINDINGS
EDICAL											PERFORM		1	WAILABLE PRIOR TO COMPLETION OF CAUSE
										- 1	1   YES 2	X NO		OF OEATH?
>									_	- 1			1	YES 2 NO
N N	25. WAS CASE REFERRED TO	MEDICAL												
PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHER	:			ck only one				
¥∥	27. MANNER OF DEATH		1 Inpetient 2 I							Other				
		Pending	(Month, De	y, Year)	28b. TIMI INJ		28c. INJU WOF	RK?		28d. OE\$0	CRIBE NOW IN	JURY OCC	URED	
à	2 Accident	nvestigation				M	1 🗌 Y	ES 2	NO					
<u>a</u>		Could not be setermined	28e. PLACE OF building, a	INJURY - At hor itc. (Specify)	ne, term, s	treet, fecto	ry, office			261. LOCA	TION (Street and Town, Stete)	d Number	or Aurel Ao	ute Number,
COMPLETED	Tomese (	Jecon IIII III d												
3 1	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of r	ny knowledge, des	th occurre	d at the tin	ne, date o	end plece.	end due t	to the caus	e(s) and mann	or as state	4	7-7-
3	one) 2 MEDI	CAL EXAMINER	R: On the basis of ex	emination end/or in	vestigation	, in my on	olnion, de	ath occur	d at the ti	ime dete e	and place, and	due to the	onuncia)	and menner es stated.
	29b. SIGNATURE AND TITLE										ma piace, ena	oue to the	cadse(s)	and menner es stated.
H	The same with the	CENTIFIER	1 1	1//	2			29c. LICE	NSE NUME	BER		29d. DATE	SIGNED (	Wonth, Day, Year)
	Tracul	M	WM	Mark				DI	97	85		13	121	3/92
	30. NAME AND ADDRESS OF												1	1
	Dr. Frau		stphal	809 Vi	ers	Mill	Rd	. R	ockv	ille	, Md.	2085	1	
	31. DATE FILED (Month, Day, Y	(bar)	32. REGISTRAF	'S SIGNATURE			-							
	WAD 71	100	Lulian	Davidson	Bandal	2								
	PPRI JI	JL	1	-										

1810 22

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STATE OF THE PARTY

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BOX
P.0.
RECORDS
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OF V
SION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	HEGISTHAH		C	ERIIF	ICALE	: OF	DEA	TH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lust)  JOSEPH PAUL	CONS	IDINE						2. DATE OF MONTH MARCH	DA	W 1	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX									,	992	10:45 A	N
3	089-12-5881	1 💢 M 2 🗆 F	6. AGE (In yrs. le:	YRS.	IF UNDER MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, De	ly, Ybar)	1913	Gountry)	ACE (Stote or Foreign chusetts	
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY,	TOWN 0	R LOCATION	ON OF DE		,		NTY OF DEA		_
DIRECTOR	803 Main Street				Laurel								eorae's	
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT								1 2 21	icc d	corge s	_		
E	10.2.000111	•			Y, TOWN O	R LOCAT	ION					.1	Od. INSIDE CITY	П
		ce Georg	e's	La	urel							1	XYES 2 NO	
RA	10e. STREET AND NUMBER						. ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?	
FUNERAL	803 Main Street						2070	7			Uni	ted S	tates	
5	11. MARITAL STATUS  1 Never Married 2 X Merried		X YES 2 1		13. V	WAS DEC	ENDENT O	F NISPAN	HC ORIGIN? (S	pecify Yes	or No-	14. RACE -	- American Indian, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE V		II W			2 🛛 NO			,,		Specify:		
COMPLETED	15, DECEDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL OC	CUPATIO	ON .		16b KIB	D OF BUS	INESS/IND	HIETDY	White	_
	(Specify only highest grade Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)					st of workin	9	TOOL KIII	D OF BOS	MINESSTIND	USINI		
릴	12			aine	r				Нс	rses				
Š	17. FATNER'S NAME (First, Middle, Last)						18. MOTE	ER'S NAI	ME (First, Midd					_
BE	Daniel	Considi	ne				Sar					inn		
TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street er	nd Number	or Rural F	Poute Number, (	City or Town				
F	Elizabeth A. Con	sidine		ame a										
	20s. METNOD OF DISPOSITION  1 [XBurlel 2 ] Cremetion 3 ] Rem	oval from State	20b. PLACE						DATE	20c. LO	CATION —	City or Town	, State	_
	4 Donation 5 Other (Specify)		Sair	T Jo:	seph	Cem	eter	У	4-1	Во	ston	. MA		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N	AME AN	D ADDRES	S OF FAC	Servic	-	D 4			_
	Dilli 15	Clus	M008	327	97	zhh	ict	Tar	Silve	es,	r.A.	MD	20010	
	23. PART . Enter the diseases, or o	omplications the	t coused the de	eth Do n	ot enter t	the mod	de of dvi	ng, auch	n as cerdiec	or maple	TITIU	, IVID	20910	-
	ahock, or haert fellure.	List only one ceu	se on sach line										Interval Between	
disease or condition resulting in death) • weefastatic cancer Colon										Onset and Dea	m			
İ	resoning in death)	DUE TO	(OR AS A CONSE	DUENCE OF	):		<u> </u>	000						_
z I	Secure Matter that a section	D											!	
틸	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	):									_
<u>S</u>	CAUSE (Disease or Injury													
Ë	that initieted eventa reaulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	):									
CERTIFICATION		1												
	PART II. Other significent condition	contributing to	deeth but not r	esulting is	n the und	lerlylng	cause g	iven in i	Part I. 24s	. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDING	s
EDICAL		nary		al	ue	no				PERFOR		Al	MILABLE PRIOR TO OMPLETION OF CAUSE	
			/			-			_   ''	YES 2	XI NO	1	F DEATH?	
-									-			1	YES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL					28, PL/	ACE OF DE	ATN (Che	ick only one)					_
PHYSICIAN: M	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:				8 Other (So	noffici				_
Ě	27. MANNER OF DEATN	28e. DATE OF (Month, De	INJURY	28b. TIME	OF :	28c. INJU	JRY AT		28d. DESCRIE		JURY OCC	URED		_
8	1 X Natural 5 Pending 2 Accident Investigation	(Moini, Di	sy, rour)	INJU	М	1 Y	RK? ES 2 🗌	NO						
ED	3 Suicide s Could not be	28e. PLACE Of	F INJURY — At ho	me, ferm, st	reet, fector	ry, office			28f. LOCATIO	N (Street ar	nd Number	or Rural Rout	e Number,	_
<b>⊢</b> ∥	4 Homicide determined								City or To	wn, Stete)				
2	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occume	at the tirr	10, data s	and place,	and due I	to the cause(s)	end men	ner se state	d		
COMPLE	one) 2 MEDICAL EXAMINE	R: On the basis of ex	amination end/or i	nvestigation	, In my op	Inion, de	ath occure	d at the t	time, data end	place, and	due to the	cause(e) er	nd manner es stated.	
O I	296. SIGNATURE AND TITLE OF CERTIFIER													_
Daylor Daylor										29d. DATE SIGNED (Month, Day, Year)				
	III AR	1/1/2000	F-70 1								Me	moh 3	30 1002	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type,	Print)		- '/	4	777		Ma	arch 3	30, 1992	_
2						Au				70		arch 3	30 <b>,</b> 1992	_
2		9317 CA		ZA	. L.	Au				707		arch 3	30, 1992	

296. SHONATURE AND TITLE

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A DEGISTRAR'S SIGNATURE DEGISTRANCE DEMANDE DE LA CONTRACTOR DE LA CONTRAC

M.D.

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clan.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
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or aftend	r use as		
hospital	ached fo		CB.
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fter death	the fune	oval.	al exam
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CIAN: Th	ertificate	the State	or iten
IG PHYS	ter this c	ath with	narked,
ATTENDI	CTOR: Af	after de	28 is i
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	JAL DIRE	72 hours	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IE HOSPI	HE FUNEF	od within	HTANT:
TO T	TO T	be file	MP

92 10133 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MARCH 26,1992 CECELIA RUBY COLLINS 2:05 Рм A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS MIN. 1 M 2 F 91 577-07-7313 APRIL 9,1900 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR 12002 GALENA ROAD ROCKVILLE MONTGOMERY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 12002 GALENA ROAD 20852 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 2 NO 1 Never Merried 2 Merried Specify: BY 3 N Widowed 4 Divorced WHITE COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EQUICATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Meiden Sumame) ALBERT BAUMAN IDA M. SIMMONS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zio Godel 2 MARIE C. SEYMOUR (DAUGHTER) 4905 SUNFLOWER DRIVE ROCKVILLE, MARYLAND 20853 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State GATE OF HEAVEN CEMETERY SILVER SPRING, MARYLAND 4 Donation 5 Other (Specify). 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC. 21. SIGNATURA OF FUNERAL SERVICE LICENSEE 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset shd Death IMMEDIATE CAUSE (Finel disease pr condition resulting in death) CERTIFICATION Sequentially list conditions, If env. leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death out not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 TYES PARIO OF DEATH? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Chack only one) HOSPITAL . OTHER: 1 YES 2 BAND ient 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF thJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Flural Floute Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner ee stated tion end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

50 W. EDMONSTON DR.#207

29c. LICENSE NUMBER

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ROCKVILLE, MD. 20852

TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND	MENT	AL HYGIE			
1. DECEDENT'S NAME (First, Middle, Las	•		2. DATE OF DEATH MONTH DAY YEAR						
	Marie Chris	tmas			March 25		_	1992	6:40 PM M
4. SOCIAL SECURITY NUMBER 212-32-1591	5. SEX 6. AGE		IF UNDER 1 YEAR	HPLACE (State or Foreign ry) ington, DC					
9e. FACILITY NAME (If not institution, give			b. CITY, TOWN	OR LOCATION OF		14, 1		JNTY OF E	DEATH
Vindobona Nurs	sing Home		Braddo	ck Heigh	ıts		Fre	deri	ck
RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	ITY	10c. CiTY.	TOWN OR LOCAT	TION					Last more and
Maryland Prin	ice Georges		Riverda						10d. INSIDE CITY LIMITS?
10s. STREET AND NUMBER	8-5			ZIP CODE			100 CIT	TIZEN OF Y	1 A YES 2 NO
6213 44th. Av	renue			20737			Tog. Cit	USA	HIAI COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIG	IN? (Specify Y	e or No-		E — American Indian,
1 Never Merried 2 Merried	FORCES? 1 YES		If yes, sp	ectty Cuben, Maxic	en, Puerte	Rican, etc.)		Black	k, White, etc.
3X Widowed 4 Divorced					y.			Spec	White
15. DECEDENT'S ED (Specify only highest grad	DUCATION de completed)	18e. DECEDENT'S US (Give kind of wor	or close divides see	ON at of working	16	b. KIND OF BI	JSINESS/INI	DUSTRY	
Elementary/Secondary (0-12) 1-12	College (1-4 or 5+)	Wie. Do NOT USE I	wired.)	or or morning					
	2 years	Homemake	er		Pw	n Home	2		
17. FATHER'S NAME (First, Middle, Last)	C = 1 - 1			18. MOTHER'S N			n Sumame)		
	Schloer					erger			
190. INFORMANT'S NAME (Type/Print) Helena S. Yeat	'm on			nd Number or Rural					- 0.5
				Avenue,	Rive	rdale,	Md.	207	737
20e. METHOD OF DISPOSITION  1. Burlel 2 Cremetion 3 Re		netery, cremetory or othe		me of	OA	TE 20c. L	OCATION —	City or To	wn, State
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSES /	Fort Linco	In Ceme	etery 3	-27-	92 Bre	ntwo	od. N	1d
21. SIGNATURE OF PUNERAL SERVICE L	7 , 1		100000000000000000000000000000000000000	Rinaldi		1 T			
lonk	6 Wi	son	11800	N.H. Av	e.,	Silver	Spr	ing.	Md. 20904
23. PART I. Enter the diseases, or	complications that cause	d tha death. Do not	enter tha mo	da of dying, suc	ch aa ca	rdiac or resp	piratory an	reat,	Approximate
IMMEDIATE CAUSE (Final	. Liet only one cause on e	ach ilna.							interval Batween Onset and Death
disease or condition	As	spiration	Pneumor	nia					10 Hours
resulting in death)		A CONSEQUENCE OF):							
	Ca	arcinoma o	f Stoma	ach					2 Months
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or injury	c								
that initieted eventa	OUE TO (OR AS	CONSEQUENCE OF):							
resulting in death) LAST	d								
PART II. Other aignificant condition	ona contributing to death b	out not resulting in	the underlying	serves elves le	Don't I				
	imers Disease		are underlying	conse disentin	Part I.	24a. WAS AP PERFO		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ALZIIC	IMEIS DISEASE					1 TYES	NO X		OF DEATH?
									1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T								
EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C/					
27. MANNER OF DEATH	1 Inpatient 2 ER/Out		-	5 🗆 Rasidence					
1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	y wor	RK?	28d. DE	SCRIBE HOW	INJURY OC	CURED	
2 Accident Investigation	20- 01405 05 11111			ES 2 NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, larm, stre- cify)	et, factory, office		28f, LO	CATION (Street or Town, State	and Number	or Rural A	loute Number,
29e. CERTIFIER									
(Check only	SICIAN: To the best of my know	ledge, death occurred a	It the time, date	end place, and due	to the ca	use(s) end me	nner ee stat	led.	
	ER: On the basis of examination	n end/or investigation, i	n my opinion, de	ath occured at the	time, date	e and place, a	nd due to th	e ceuse(e)	end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	(no0 - 0-			29c. LICENSE NU	00		29d. DAT		(Month, Day, Year)
20 NAME AND ADDRESS ST.	wase	ago		D 200	188		•	Mar.	25, 1992
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE		ox 73°	i Wi	DDL	E 70	S	m	21769
31. DATE FILED (Month, Day, Year)  MAR 27 °Q2	32. REGISTRAR'S SIGN							t	-

May Franke !

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

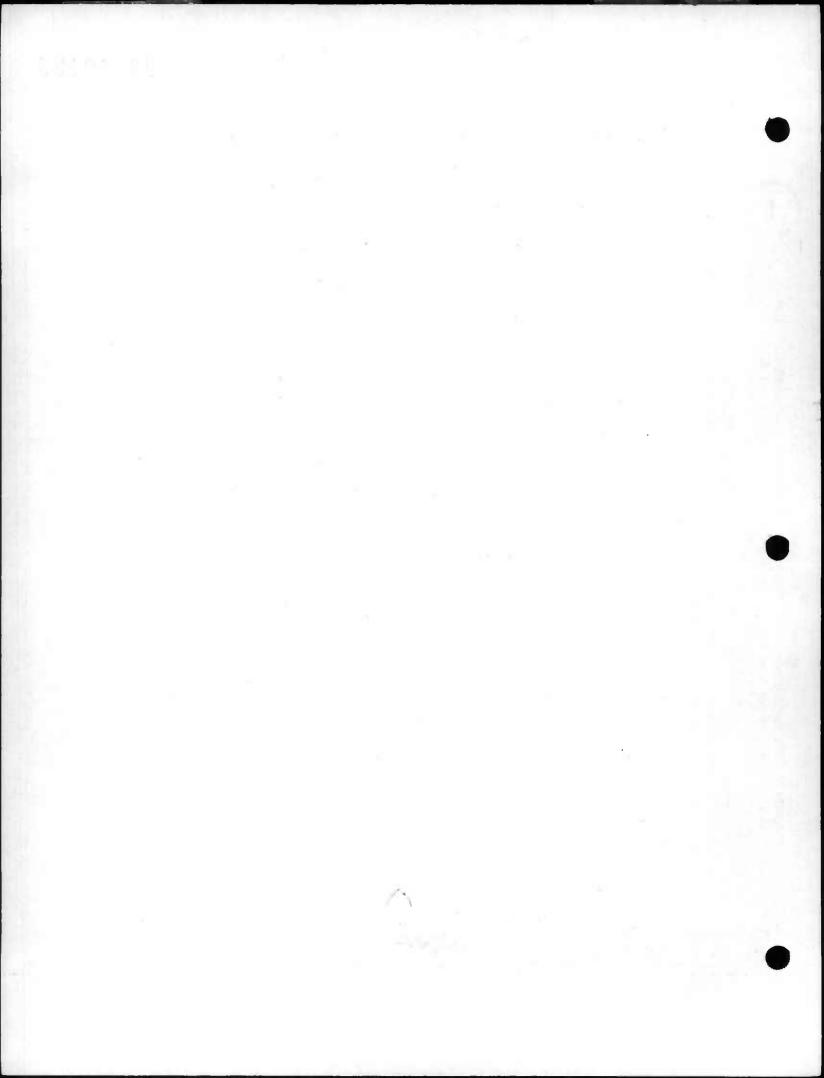
1. DECEDENT'S NAME (First, Middle, Last)

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	1. DECEDENT'S NAME (Firs	Middle, Last)	= F.X. C	CALT	-AC	3119	1	VO		2. DATE OF E	DEATH DAY	-9	YEAR	3. TIME OF PEATH
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 Y	-	IF UNDER		7. DATE OF B (Month, Day	нтн		8. BIRTHP	LACE (State or Foreign
	577-12-139	6	1 M 2 F	73	YRS.	MONTHS	SAYS	HOURS	MIN.	AUG. 2	8,191	8 W		NGTON, D.C
	9a. FACILITY NAME (If not i	nstitution, give	street and number)			9b. CITY, T	OWN (	OR LOCATIO	ON OF DE	ATH		9c. COUN		
DIRECTOR	RANDOLPH H		URSING H	OME		V	VHE	ATON				MON	TGOM	ERY
<u>E</u>	10e. STATE	10b. COUNT	Υ		10c. CITY	Y, TOWN OR	LOCA	TION					T	10d. INSIDE CITY
ă	MARYLAND	MON	TGOMERY		5	SILVER	R S	PRINC	G					1 TYES 2 NO
A	10e. STREET AND NUMBER						10	f. ZIP CODE	E			10g. CITIZ	EN OF WI	HAT COUNTRY?
ER	3701 ADAMS	DRIVE						2090	02			U	SA	
BY FUNER	1 Never Merried 24 3 Widowed 4 Div		FORCES?	NT EVER IN U.S. AI 1 YES 2 X WAR OR DATES	RMED NO	If y	108, 80		n, Mexica	ilC ORIGIN? (Sp n, Puerto Rican y:			14. RACE Black, Specify WHIT	
B		CEDENT'S EDU		18a. Di	ECEDENT'S	USUAL OCC	UPATIO	ON .		16b. KtN	O OF BUSIN	NESS/INDL	JSTRY	
COMPLET	Elementary/Secondary (	-	College (1-4 or 5	116	o. Do NOT us	vork done dur e retired.)	ing mo	ost or working	rg .					
릴	12			MA	CHINI	IST				FED	ERAL	GOVE	RNME	NT
õ	17. FATHER'S NAME (First, I	Aiddle, Last)						18, MOTI	HER'S NA	ME (First, Middle	e, Maiden Su	umame)		
BE (	SALVATOR	E C	ALTABIAN	0				1	NICO:	LETTA	ME	SSIN	A	
2	19a. INFORMANT'S NAME (	Type/Print)		16	b. MAILING	ADDRESS (	Street I	and Number	or Rural I	Route Number, C	City or Town,	State, Zip	Code)	
F	ELIZABETH 1		TABIANO	(WIFE) 3	701 A	DAMS	DR	IVE	SIL	VER SP	RING,	MARY	LAND	20902
	26p. METHOD OF DISPOSIT	rion on 3 🗆 Ren	noval from Stata	20b. PLACE other p	OF DISPOS	SITION (Name	of co.	metery, cren	natory or		20c. LOCA	ATION C	aty or Tow	rn, Stata
	4 Donation 8 Dothe			_ GATE	OF I	IEAVEN	-				SILV	ER S	PRIN	G, MARYLAN
	21. SIGNATURE OF FUNER	AL BEHVICE LI	CENSER /					ND ADDRE		CILITY LLINS I	FIINER	АТ Н	OME	TNC
	N. in	Alus	0.6	shull	e									.MD.20901
	23. PART I. Enter the shock, or immediate Cause (Fi disease or condition resulting in death)	neart failure.	List only one ca	ist coused the d nuse on each lin	e.			ode of dy	ing, auc	h es cardiec	Dr respire	itory erre	est,	Approximate Interval Betwee Onset and Dea
	Todating in deating		DUE TO	O (OR AS A CONSE	OUENCE O	F): p(	1		1	. /				2
Z	Sequentially list condi	tions.		onges	live	w	20	ul	1/2	ando	ve			1 mo
CERTIFICATION	If any, leading to imme	ediate	1/1	0 (OM AS ALCONSE	OUENCE OF	F):	1	7	-4	re			1	24
5	CAUSE (Diseese or Inj		C DUE TO	OR AS A CONSE	TURAL OF OU	y 100	10	vec	an	( ~cc	un	ren	1	LVI
	that initiated events resulting in deeth) LA:	ST	6	100 M. A.	A A	Ton	V /	dise	ake	p med				15 yrs
Ü		-	a - CC	1000	100	a of	_		-017					13 /10
MEDICAL (	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMALIABLE PRIOR COMPLETION OF OF DEATH?  24b. WERE AUTOPSY PERFORMED?  1 YES 2 YOO  OF DEATH?										WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
CIAN:														
S	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			отнея:				eck only one)				
PHYSIC	1 VES 2 NO			☐ ER/Outpatient	-	4 Nursir			esidence	8 Other (Sp				
ВУ РН	27. MANNER OF DEATH  1 Netural 8 2 Accident	Pending Investigation		Day, Year)	20b, TIM	URY M	W	JURY AT ORK? YES 2	□ NO	28d. DE\$CRI	BE HOW IN	JURY OCC	URED	
ETED 8	3 Sulcide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, farm,	street, factor	y, offic	ce		281. LOCATIO City or R	N (Street an own, State)	d Number	or Rural A	oute Number,
OMPL	onel	Day of the said	SICIAN: To the best of											and menner as stated.
BEC	29b. SIGNATURE AND TITL	~10	enter/	w				A	OR C		-	29d. DATE	SIGNED 3	(Month, Day, Year)
9	30. NAME AND ADDRESS	-	HO COMPLETED CA		EM 27) (Type	Print)	G				Si	W-7	251	20962
	31. DATE FILED (Month, Day			ARIS GIGNATURE	ada 82									20012

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAL

REGISTRAR		CE	RTIFIC		OF DEATH		REG. N	0		
1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF DEATN			3. TIME OF DEATN
Dona Nicho	ls	Clap	q			М	month arch 24	DAY	992	3:45 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last		IF UNDER 1 YE	AR IF UNDER 24 H		DATE OF BIRTH	· ,		w Jersey
216-40-8149	1 🗆 M 2 💢 F	81	YRS,	ONTHS DA	YS HOURS M	IN.	(Month, Day, Year)	1010	002	
9e. FACILITY NAME (If not institution, give s	treet and number)	01		Ph CITY TO	WN OR LOCATION O		ct. 29,		UNTY OF D	neylvania
Bethesda Retiremen	at C Managin					OF DEATH	•			
RESIDENCE OF DECEDENT	ic & Nursin	g Cent	ter	Be-	thesda			Mo	ntgo	mery
10a. STATE 10b. COUNTY	1		10c. CITY,	TOWN OR L	OCATION					10d. INSIDE CITY
Maryland Mon	tgomerv		v	ensin	at an					LIMITS?
10e. STREET AND NUMBER	o gomez y		I	CHSTII	10f, ZIP CODE			1 40. 00		1 YES 2 NO
4315 Ambler Dri	***									
11. MARITAL STATUS	12. WAS DECEDENT EVE	TO IN II O 101	460	T	2089				ited	States
1 Never Married 2 Merried	FORCES? 1 Y	ES 2 XN	O	It yes	DECENDENT OF NI s, specify Cuban, Me	exicen, P	ORIGIN? (Specify Yourto Rican, etc.)	es or No-	14. RAC Blac	E American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES		1 []	AER 5 M NO 2	pecify:			Spec	
15. DECEDENT'S EQU	CATION	Tata DEC	EDENT'S US	PUAL DOCUM						White
(Specify only highest grade Elementary/Secondary (0-12)	completed)	/GA	e kind of wor	dr done dude	most of working		16b, KIND OF B	JSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)									
17. FATHER'S NAME (First, Middle, Last)	2	Re	giste.	red N			Physi		s Of	fice
				4.	18. MOTHER'S	SNAME	(First, Middle, Maide	n Sumeme)		
Peter Nicho	LS				Mab		Buss			
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Str	eet and Number or R	lural Flout	e Number, City or To	wn, State, Z	p Code)	
Carolyn E. Clapp		83	35 Ri	chmon	d Avenue	, Si	ilver Sp	ring.	Mar	yland 20910
20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 X Cremetion 3 ☐ Remo		20b. PLACE A	ND DATE OF	DISPOSITION	N/Name of		OATE 20c. L	OCATION -	City or To	wn, State
4 Donation 5 Other (Specify)		Montgo	mery or other	crema	torium,	Jhc	5/92 Bet	hesd	a Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE M	100831		22. NAM	E AND ADDRESS O	F FACIL	TY	- Inc But	A / 1-10	Lyzand
Barbara Jom	Mullen C	Rawne	nce	Bet	ert A. P	umpr	Chase	eral	Home	/ 7 Wisconsin
				Ave	nue, Bet	hesc	la, Mary	land	208	14-3501
23. PART i. Enter the diseases, pr c ahock, or heart fallure. I	omplications that cau	ssd ths des	th. Do not	snter the	mods of dying,	such s	a cardiac or resp	olratory ar	rest,	Approximats
IMMEDIATE CAUSE (Final	,	ouch line.								Intervel Between Onset and Death
disease or condition reaulting in death)	Myoca	rdial	Infa	ratio						
, and the same of	OUE TO (OR A	S A CONSEO	UENCE OF):	CCLO	1					3 Hours
	Ather	oscler	cotic	Card	iovascula	3 × F	vi sonso			120
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEOL	JENCE OF):	cara.	LOVASCUIA	ar L	TSEASE			10 years
cause, Enter UNDERLYING										
CAUSE (Disease or injury thet initiated events	OUE TO (OR A	S A CONSECU	JENCE OF):							-
resulting in death) LAST										
										+
PART II. Other aignificent conditions	contributing to deet	h but not re	sulting in I	the underl	ying cause given	ı in Par			24b	WERE AUTOPSY FINDINGS
								RMED?	i	AMILABLE PRIOR TO COMPLETION OF CAUSE
							1 TYES	S IM NO		OF DEATH?
							.			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:		10		. PLACE OF DEATH					
1 VES 2 X NO	1 Inpatient 2 ER/O		DOA 4	Nursing I	forme 5 - Residen	nce a 🗆	Other (Specify)			
1 Natural 5 Pending	(Month, Day, Yea		26b. TIME O	)F 28c,	INJURY AT WORK?	26	d. DESCRIBE NOW	INJURY OC	CURED	
2 Accident Investigation				M 1	YES 2 NO					
3 Suicide 6 Could not be	28e. PLACE OF INJU- building, etc. (S	JRY - At hom	e, farm, stre	et, tectory, o	ffice	201	LOCATION (Street	end Numbe	r or Rural R	loute Number,
4 Homicide determined							City or Town, State	,		
29e. CERTIFIER (Check only	CIAN: To the best of my kn	owiedos, dest	h occurred i	of the time of	lete and place, and	thin to it				
one) 2 MEDICAL EXAMINER	: On the basis of examina	ition end/or in	vestigation	n my colnic	death pround of	the time	e cause(s) end me	mner es sta	ieg.	C. San San Company
			- sugarron, i	порино	., swem occured in	11714 HITTIG	, uste and piace, e	no oue to th	ne Cause(s	and manner es stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1 2 - 0		A		29c, LICENSE	NUMBER		29d. DAT	E SIGNED	(Month, Day, Year)
Neva G. N	Lalen	M	- D.		D231	.27		<b>•</b> 1	March	25, 1992
30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, Pri	int)		-				
Kevin G. Nealon,	M.D. 5530	Wisco	nsin	Avenu	e, #935,	Ch	ovv Chan	O M-	7777	nd 20015
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE				CIII	cvy chas	C, Mc	туу	nd 20815
MAR 27 '92	Julia Davi	dson-Aa	mdell.							
The state of the s		-								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

The second secon

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Pa. Mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	FOR STATE OF MARYLAN  - STATE REGISTRAR			F HEALTH AND I	MENTAL HYGI			
	1. OECEDENT'S NAME (First, Middle, Lest)				2. OATE OF DEATH			3. TIME OF OEATH
	Janet Christina Crawford				03	31	92	06:50 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr	s. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	157-30-9324 1□ M 2 1	51 YRS.	MONTHS D	YS HOURS MIN.	(Month, Day, Year		Country	"
	9e. FACILITY NAME (If not institution, give street and number)	0.1	9b CITY TO	WN OR LOCATION OF OE	10/21		UNTY OF D	Jersey
œ !	3611 Oxwed Court			tminster	Sain		arro	
DIRECTOR	RESIDENCE OF DECEDENT		Wes	ullister		1 0	arro.	T T
	10a. STATE 10b. COUNTY	10c, CITY	r, TOWN OR L	OCATION				10d. INSIDE CITY
8	Maryland Carroll	ToTo	ctmi	nster				LIMITS? 1 YES 2 NO
-	10e. STREET AND NUMBER	1 110	O CIRT	101. ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTRY?
3	3611 Oxwed Court			21157		177.	n <del>i</del> + a.	d States
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S	S. ARMED	13, WAS	OECENDENT OF HISPAN	IIC ORIGIN? (Specify			— American Indian,
正	1 Never Merried 2 Merried FORCES? 1 YES 2		If yo	s, specify Cuban, Maxical YES 2 NO Specify	n, Puerto Rican, etc.)		Black Specif	
BY	3 Widowed 4 Divorced		1 '-	TES 2 Kg NO Specify	,		Specia	White
8	15. OECEDENT'S EOUCATION 16	. DECEDENT'S	USUAL OCCU	PATION	18b, KIND OF	BUSINESS/IP	NDUSTRY	
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	life. Do NOT us	vonk gane guni e retired.)	ng most of working				
립	11	Boo	kkee	per	l c	oncr	ete 1	Company
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Mai			
O	Thomas Peat Crawford, Sr.			Edna	Madilo	n Fa	rmer	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (S	reet and Number or Rural F				
2	Susan G. Cronin	3611	Oxw	ed Ct, We	stminst	er. 1	MD	21157
	20a. METHOD OF DISPOSITION 20b. PL	ACE OF DISPOS		of cemetery, crematory or		LOCATION -		
		her place)	25 C	emeterv	N	Ar	ling	ton, NJ
i	21. SIGNATURE OF FYNERAL SERVICE LICENSEE		22. NAI	ME ANO ADDRESS OF FA	CILITY			
	· What A Meers			yers Fune				
	23. PART I. Enter the diseases, pr complications that caused th	e death. Do r		Willis				ster, MD
ı	ahock, or heart failure. List only one cause on each		iot officer gif	mode of dying, add	IT all cardiac of re	apiratory a	mroot,	intarvai Between
Į	IMMEDIATE CAUSE (Finel disease or condition							Onset and Death
ł	neeuiting in death)  a. Due to (or As A Co		FI:					7
_ 1		-	7.					i
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CO	INSEQUENCE OF	F):					+
X	If any, leading to immediate cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CO	NSEQUENCE OF	F):					
F	resulting In death) LAST							
	PART II. Other significant conditions contributing to deeth but		la the code	4.4	Seed Law une	AN AUTOPS	Lau	
PHYSICIAN: MEDICAL	W significant conditions contributing to deeth but	Landiding	in the singe	1 Fail on	PER 246. WAS	FORMED?	Y 246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	There was a superior	N I	0 17	011	1 🗆 YE	3 2 🖰 NO		DF DEATH?
×	Hemo-lulyer.	#951	al	Med	_			1 TYES 2 THO
Z				,				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	26. PLACE OF DEATH (Ch	eck only one)			
YS	1 Nes 2 No 1 Inpatient 2 ER/Outpatie			Home 5 Residence				
품	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Vear)	28b, TIM	JURY	c. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY O	CCUREO	
B	2 Accident Investigation			I YES 2 NO				
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory	, office	28f. LOCATION (Str City or Town, S	eet and Numb tate)	ser or Rural I	Route Number,
립	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)							
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination of	nd/or investigation	on, in my opir	ion, death occured at the	time, data and place	, and dua to	the cause(s	a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFUER			29c. LICENSE NUI		29d. D.	ATE ALCHE	(Month, Day, Year)
2	Cheriffer (1)			1) 0	9212			192
۴	30. NAME AND ADDRESS OF PERSON 1910 COMPLETED CAUSE OF DEATH	(ITEM 27) (70)	Print)	Belt	hory	MI.	212	1
	31. DATE FILED (Morith, Day, Year)  APR 1 '92 32. REGISTRAR' SIGNAT	avidson-1	fandale					

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	his certificate has been signed by the attending physician and completely filled in by the funeral
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HYSICIAN: The law requires that the death certificate be executed within 24 hours after death, P	42 4
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Item

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marked,

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OR ATTENDING R After

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: AN be filed within 72 hours after de IMPORTANT: If item 28 is in

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FOR Items: 23 part I 27 28a, b.c.d.e.f per MEO G-686 STATE 0F MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR CAROLYN 03 CHICKERING 14 1992 2:45 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign 1 M 2 D.F MONTHS DAYS 97-18-3301 10-14-1 898 Pennsylvania 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY 10L COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY HOWARD CO. Maryland HIGHLAND 1 TES 2 140 FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6814 MINK HOLLOW 20777 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Maxican, Puerto Rican, atc.) BΥ 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) / College (1-4 or 5 +) Draftsman ENKUMW U. S. Government 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surneme) William Cathcart Day BE Jane Leamv 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 6814 Mink Hollow Rd., Highland, MD 20777 Charles D. Chickerin 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Suriel 2 Cremation 3 Removal from State
4 Donalion 5 Other (Specify) Park Cemetery Louden 3-16-92 Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home MO0535 Ellicott City, Maryland 21043 23. PAST i. Enter the diseases or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Batwo IMMEDIATE CAUSE (Final Hypertensive atherosclerotic cardiovascular Onset and Death disease or condition . disease complicating fracture of right resulting in death) DUE TO (OR AS A CONSEQUENCE OF): status post hip surgery CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1XX/npatient 2 - ER/Oulpatient 3 - DOA OTHER: 1 X YES 2 NO ng Nome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural Ukn. Unknown BY Jnknown M 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 7 / 1 1 COMPLETED 8 Could not be 4 Homicide 7401 Norwood Rd apartment 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the ceuse(e) end manner ee stated. 2 🂢 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) wite 0 03-15-1992 9 O.C.M.E 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 N. PENN ST. BALTIMORE, MARYLAND

31. DATE FILED (Month, Day, Year)
WAR 2 0 '92 Swia Davidson

32. REGISTRAR'S SIGNATURE

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in the Maria

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Place within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARVIAND / DEPARTMENT OF

	1 - STATE REGISTRAR	SIMIE OF I			ICATE OF				GIENE 3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	4 4 4 4				-		2. DATE OF DE	ATH			3. TIME OF DEATH
	HELEN N	JARIE	CR	ANI	ELL			MONTH	30		192	0853 AH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIR	TH		a. BIRTH	PLACE (State or Foreign
	217-01-7215	1 □ M 2 🔯 F	91	YRS.	MONTHS DAYS	HOURS	MIN.	12-11	— () (		Country	yland
	Be. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY, TOWN	OR LOCATE	ON OF DE				NTY OF D	-4
O	Carroll County	General	Hospi	ta1	Wes	mins	ster			(	Carr	011
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				Y, TOWN OR LOC		2001				arr	011
E S		rroll				21100					ŀ	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	11011		We	stmins	H. ZIP CODE						1 X YES 2 NO
RA	30 Locust Stree	+			],		157			-		HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN II S ADI	MED	12 440 DE							States
E	1 Never Married 2 Married	FORCES? 1	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO If Yes, appelfy Cuben, Mexican, Puerto Rican, etc.)  14 TYPES 2 TYPES									- American Indian, White, etc.
ВУ	3 Wildowed 4 Divorced	WW			1 YE	S 2 LZLNO	Specify				Specif	ite
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DEG	EDENT'S	USUAL OCCUPAT	ON		16b. KIND (	OF BUSI	NESS/IND		106
E	Elementary/Secondary (0-12)	College (1-4 or 5+	, ,		work done during me retired.)	osi or workin	g					
MP	8			Wai	tress			R	est	aur	ant	
	17. FATHER'S NAME (First, Middle, Last)					15. MOTH	IER'S NAM	AE (First, Middle, A	falden S	umame)		
BE	Edward Franklin	Hesson						e Bell				
2	19a. INFORMANT'S NAME (Type/Print)				ADORESS (Street							
	Phyllis T. Mang	er		509			1 Ro	ad, We	stn	nins	ter	, MD 21157
	1 Suriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State	cemetery cres	natony or o	PER PLACE (A						City or Tov	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Mead	OW 1	Pranch 22. NAME A	Ceme	ter	y 4/1W	est	min	ste:	r, MD
	15	11-1	110	1.				al Hom	e			
	Sugaron	Stake	11171	40	60791 V	7illi	s S	treet,	W€	stm	ins	ter, MD
	23. PART I. Enter the diseases, or co ahock, or heart failure. L	mplications that ist only one caus	caused the dea	ur Do L	ot entar the me	da of dyle	ng, auch	aa cardiec or	reapira	tory arm	est,	Approximate
- 1	IMMEDIATE CAUSE (Final											Onset and Death
	resulting in death)	GASTRI DUE TO	DINTES	TIN	AL +	EMC	REL	AGE.				3 weeks
		DUE TO (				A.						
CERTIFICATION	Sequantially list conditions, b.	OUE TO	OR AS A CONSECU	ER	/CRO	エクト	_	DISEA	75			
¥	if any, laading to immediata cause. Enter UNDERLYING		on no n consco	DENCE OF	<i>I</i> -							
Ĕ	CAUSE (Disease or injury that initiated eventa	DUE TO (	OR AS A CONSEQU	JENCE OF	7:				-			+
	reaulting in death) LAST											
- 11	PART II. Other significant conditions	contributing to	death but not se	euitina i	n the underluis		to a to m				_	
DICAL		CORONAL							RFORM			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
G						1126		1 🗆 Y	ES 2 []	NO		COMPLETION OF CAUSE OF DEATH?
. ME	ASDOMINAL F	URTIE	HVEU	273	M							1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				20 P	ACE OF DE	AT11 (0)					
SI I	EXAMINER?	HOSPITAL:	ER/Outpetlant 2	7004	OTHER:							
₹	27. MANNER OF DEATH	26e. DATE OF I	NJURY	28b. TIME	4 Nursing Hon	URY AT	-	Other (Specify 28d. DESCRIBE H	_	IBV OCC	HOED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, De)	y, Year)	ILNI	JRY WO	RK? YES 2		and begoning in	011 1113	oni occ	ONED	
	3 Suicide 8 Could not be	26e. PLACE OF	INJURY — At hom	e, farm, a	freet, fectory, offic			281. LOCATION (S	treet end	Number	or Rumi Ro	ute Number
	4 Homicide determined	building, a	nc. (Specny)					City or Town,	Statu)			
ו ה ו	290. CERTIFIER (Check only	AN: To the beat of r	ny knowledge, deat	h occurre	d at the time, date	and place	and due to	the cause(s) en	1		4	
COMPLETED	one) 2 MEDICAL EXAMINER:	On the beels of exa	mination and/or in	veatigation	, in my opinion, o	eath occure	d at the ti	me, date and place	e, and c	lue to the	cause(a)	and menner as stated
Ö	SIGNATURE AND TITLE OF CERTIFIER					29c. LICER						
0	Just 28 P	-				D2	11.5	7.7	1	DAIE	120	Month, Day, Year)
2	II. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH (ITEM	27) (Тура,	Print)	30		27			120	11-
	524B BALTIMO		CVD		STMIL	STE	R	MARTL	w	D	211	57
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR							7 -		-	/
	MAR 31'92	Frehe Devi	doon- Hands	DE.								

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certhicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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DR ATT	DIRECTIC hours af	Item 2	
OSPITAL	JNERAL Thin 72	INT: It	
TO THE H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTA	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	92	1014
CERTIFICATE OF DEATH REG. NO.		

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGI	-14-	2 10140
1. DECEDENT'S NAME (First, Middle, Lest) Eunice	I.	C1a:	rk		2. DATE OF DEATH MONTH March 23	C 414	2 3. TIME OF DEATH 9:00 A. M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFITH (Month, Day, Year		8. BIRTHPLACE (State or Foreign Country)
577-84-3402	1□M2\XF 89	YRS.			3/10/03		North Dakota
9e. FACILITY NAME (If not institution, give)  10926 Indian Hea	,	. 90		ashingto			nce George's
10e. STATE 10b. COUNT	Y	10c. CITY, T	TOWN OR LOCATI	ON			10d. INSIDE CITY
Maryland Prine	ce George's	For	t Washi	ngton ZIP CODE		10g. CITI2	1 X YES 2 □ NO ZEN OF WHAT COUNTRY?
10926 Indian Head	d Highway		2	0744		USA	
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 [X] NO	13. WAS DECE If yes, spe 1  YES	city Cuban, Maxica	NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	Yea or No-	14. RACE — American Indian, Black, Whita, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grad	JCATION ie completed)	16a. DECEDENT'S US (Give kind of work	k done durina mos	N t of working	16b. KIND OF	BUSINESS/IND	USTRY
Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Housewif	etired.)	•	at h	ome	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	den Surname)	
John Hayes Sisse	on				E. Finley		
Ruth Ellen Scott					Route Number, City or	Town, State, Zip	Code)
	T <sub>an</sub>		as item				
28e. METHOD OF DISPOSITION 1, Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	F	place and date of the selection of the Lincoln	n Cemet	ery 3	/26/92 B		od, Md.
21. SIGNATURE OF BINSERAL SERVICE LI	P. Kulson		George 6160 0	xon Hill	as Funera	n Hill	. Md .
23. PARI I. Error the diseases, or shock, or head reliure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	a. Oue TO TOM AS A  DUE TO TOM AS A	CONSEQUENCE OF):	Alm	urt 1	Early	re	Interval Between Onset and Orient 2 Hosy
PART II. Other significent condition	ns contributing to deeth b	ut not resulting in t	the underlying	cause given in	PER	AN AUTOPSY FORMED? 2 X NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp	patient 3 DOA 4	THER:		8 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJL WOF	IRY AT	28d. DESCRIBE HO	W INJURY OCC	URED
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, office		28f. LOCATION (Str. City or Town, St	et and Number (	or Rural Route Number,
	SICIAN: To the best of my know ER: On the beals of examination						ed. e cause(a) and manner as stated.
NAME AND ADDRESS OF PERSON W	Suffe	- , n	0	SIII	7 DC	29d. DATE	signed (Montyl, Day, Year)
Maurice A. Sisl	en, M.D. 11	45 - 19th	St. N.V	V. #605,	Washingt	on, D.	.C.20036
MAR 2 5 199	2 ania David	ATURE Bandale					



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			IENTAL HYGIENI	E	
And and and	1. DECEDENT'S NAME (First, Middle, Last)	(31	Cisce	0		2. DATE OF DEATH DAY	9. 92	3. TIME OF DEATH A
100	4. SOCIAL SECURITY NUMBER 217-02-2027	1 XXM 2 □ F 70	6 YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.		1916 . Count	HPLACE (State or Foreign ny)
TOR	SO MAY AND RESIDENCE OF DECEDENT	ed and number)  HOSPITI	96.	171	TON	ATN	PC. COUNTY OF S	
DIRECTOR	Maryland Char	les		WN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 16805 Old Field	Lane	•		. ZIP CODE 20637		U.S.A	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2)(X)NO		cify Cuban, Maxican,		Blec	E — American Indian, k, White, etc.
COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Salesman	done during mo		Sports		
BE COM	17. FATHER'S NAME (First, Middle, Last) Frederick W. Cis  196. INFORMANT'S NAME (Troe/Print)	sel			Clarri	NE (First, Middle, Maiden : ta Walter	r	
2	Judith Ann Halt		16805 0	ld Fie	ld Lane,	Hughesvil	le, Md.2	
100000000000000000000000000000000000000	1 X Buriel 2   Cremetton 3   Remo   A   Donation 5   Other (Specify)	val from State cor	b. PLACEAND DATE OF DI TRIETY, CREMING OF OTHER F FOT LINCO.	In Ceme	etery 3/	. 1	1 Home	Maryland
CERTIFICATION	23. PART I. Enter the disease, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (DR AS	each line.	٨	side	Arri	est	Approximats Interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other algoriticant conditions	contributing to death,	nelle	tight	7 dis	PERFORI	MED?	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be distarmined	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	28b. TIME OF INJURY	HER:   Nursing Hom   28c. INJ   WO   1   1	RK? 'ES 2 ND			Route Number,
BE COMPLETED		CIAN: To the best of my know		my opinion, d		lme, date and place, end		
10	Moti L. Koul, M. S1. DATE FILED MARK 2 3 1992	1.D. 3710 R	eath (ITEM 27) (Typo, Prin iviera St. NATURE Iddon-Randall	, #2C,	Temple H	Hills, Md.	20748	

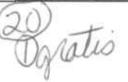


10	1. DECEDENT'S NAME (FIN	100	Brady NE CA	Euger		audill			2. DATE MONT	OF DEATH	3/24/9	YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs.		IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	_	OF BIRTH	7		PLACE (State or Foreig
	212-16-6	669	1 M 2 - F	90			AVS	HOURS MIN.		n, Day, Year)	01	Country	
_	9a. FACILITY NAME (# not					9b. CITY, TO	OWN O	R LOCATION OF DE	EATH		9c. COUN	TY OF DE	ATH
СТОВ	FALLSTON PRESIDENCE OF DE		RAL HO	SPITAL	-	FALL	517	NO			HAI	RFOR	D
ш	10e. STATE	10b. COUNT	ry		10c. CIT	Y, TOWN OR L	LOCATI	DN					10d, INSIDE CITY LIMITS?
DIR	Maryland	Har	ford Cou	nty		Bel Ai	ir						1 YES 2 1 NO
3AL	10e. STREET AND NUMBE		5 1				101.	ZIP CODE	-		10g. CITI		HAT COUNTRY?
FUNER	2338 Per	nningto	n Koad	T EVER IN IT &	ABMED	40 MM	o DECE	2101		P Parally V	a sa No		S.A. — American Indian,
BY	1 Never Married 2 1 3 Widowed 4 Di	_	FORCES?	YES 2	ND	If ye	es, spe	celfy Cuban, Maxica 2 10 NO Specif	in, Puarto		al or No.	Black, Specifi	White, etc.
ED		ECEDENT'S EDU		16a	DECEDENT'S	USUAL OCCU	UPATIO	N et of working	16b	KIND OF BU	JSINESS/IND	USTRY	
IPLET	Elementary/Secondary	(0-12)	College (1-4 or 5		Farmer	work done duri se retired.)	ing mos	it of working	A	gricu	lture		
COMPL	17. FATHER'S NAME (First,							16. MOTHER'S NA	ME (First,	Middle, Maide	n Surname)		
BE (	Rowan	F237						Fann					CBride
0	19a. INFORMANT'S NAME Mrs. Mamie			47				on Road,					21015
	20a, METHOD OF DISPOS		luarri	20b. PL				(Nur/26/92	_				
	1 25 Burlal 2 Crema 4 Donation 5 Oth		novel from State	of ceme Bel	Air M	or other place	1 (	Gardens	1	Be	l Air.	Mai	ryland 2
	OF SHOW ATTION OF SHOE	241 05004051						D ADDRESS OF FA	CHITY R				
	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition	diseeses, or heart fallure.	complications the	nt caused the	death. Do	not anter the	50 V Bel	West Bro Air, Ma	adwa ryla ch as con	y & W nd 21 diec or rea	illian 014	ns St	Approximat
TIFICATION	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condif any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events	diseases, or heart failure.	complications the List only one ca	nt caused the	o death. Do lina.  2 AT / 8  NSEOUENCE O	e Pr	50 V 3el e mod	Nest Bro Air, Ma de of dying, such fair	adwa ryla ch as con	y & W nd 21 diec or rea	illian 014	ns St	Approximat
CERTIFI	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (i disease or condition resulting in death)  Sequentially list condif any, leading to immicause. Enter UNDERI CAUSE (Disease or it that initiated events resulting in death)	diseeses, or heart fellure. Final  dittions, nediata LYING along	complications the List only one calls.  B. DUE TO DUE TO DUE TO d.	of CRASA CON DE RASA CON DE RASA CON DE RASA CON DE RASA CON DE RASA CON DER ASA CON DE COND.	o death. Do	Por Principal Pr	50 TBelle moo	Nest Bro Air, Ma de of dying, suc PN CUM Fate	eadwa ryla chas con	y & W nd 21 dlec or rea	illian 014 piratory arr	eat,	Approximatinterval Bet Onset and
MEDICAL CERTIFI	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condif any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events	diseeses, or heart fellure. Final  dittions, nediata LYING along	complications the List only one calls.  B. DUE TO DUE TO DUE TO d.	of CRASA CON DE RASA CON DE RASA CON DE RASA CON DE RASA CON DE RASA CON DER ASA CON DE COND.	o death. Do	Por Principal Pr	50 TBelle moo	Nest Bro Air, Ma de of dying, suc PN CUM Fate	eadwa ryla chas con	y & Wnd 21 diec or real	illian 014 piratory arr	eat,	Approximatinterval Bet Onset and Ons
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YSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LATE PART II. Other significant in the condition of the condition in the condition of	diseases, or heart failure. Final  dittions, nediata LYING aljury AST	complications the List only one calls. List only one calls. Due to be Due to d. Due to	The caused the use on sech of the caused the use on sech of the caused o	o death. Do line.  2 AT 1 & SECUENCE OF SE	P: C PF: C OTHER: A   Nursing	50 To Solution of the model of	Nest Bro Air, Ma de of dying, suc  Pro Com  Act of Cause given in  Act of Death (C)  5   Residence  URY AT	Part I.	y & Wind 21 diec or real	NAUTOPSY PAMED?	ns St	Approximat Interval Bet Onset and I
Y PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other significations are considered in the condition of	diseases, or heart failure. Final  dittions, nediata LYING aljury AST	complications the List only one calls. List only one calls. Due to be Due to d. Due to	o (or as a con least a con lea	o death. Do line.  2 AT 1 & SECUENCE OF SE	orther:	50 To Solve moc	Nest Bro Air, Ma de of dying, suc  Promotion  fate of Death (c)  5 Grasidence	Part I.	y & Wind 21 diec or real diec o	NAUTOPSY PAMED?	ns St	Approximat Interval Bet Onset and Interval Be
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (or disease or condition resulting in death)  Sequentially list concil farry, leading to immicause. Enter UNDERI CAUSE (Disease or in that Initiated events resulting in death)  PART II. Other significations of the concilination of the	diseases, or heart failure. Final  dittions, nediata LYING nodiata LYING	complications the List only one case.  B. DUE TO DUE TO C. DUE TO	The caused the use on sech of the caused the use on sech of the caused o	o death. Do line.  2 AT 1 & NEOUENCE OF SE	Pi:  C  Pi:  C  Pi:  C  Pi:  A  Pi:  A  Pi:  A  A  A  A  A  A  B  A  A  B  A  A  A	50 To Market Mar	Nest Bro Air, Ma de of dying, suc Procum  Act of Death (C)  act of Death (C)  act of Death (C)  b 5   Residence  UNY AT  RKY  RES 2   NO	Part I.	y & Wind 21 diec or real diec o	N AUTOPSY PRIMED?  2 TINJURY OCC	24b.	Approximatintarval Bei Onset and Ons
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list conciling in death)  Sequentially list conciling in death)  Sequentially list conciling in death)  Light Sequentially list conciling in death)  PART II. Other signification in death in deat	diseeses, or heart failure. Final  dittions, nediata LYING njury  AST  Cant condition  To MEDICAL  Pending Investigation  Could not be determined	complications the List only one case.  B. DUE TO DUE TO C. DUE TO	of the Lorentz of the	o death. Do line.  2 AT 1 & SEQUENCE OF SE	orther:  OTHER: 4   Nursing AE OF 28 JURY M street, factory	50 To Solution of the mood of	Nest Bro Air, Ma de of dying, suc de of	Part I.  Part I.  1 Chylandric and the care of the car	y & W nd 21 diec or real diec or real 24a. WAS A PERFE 1  YES  PERFE 1 YES  CATION (Street Or Town, State	N AUTOPSY PRMED?  2 RND  VINJURY OCCURRENCE OF CONTRACT OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE OF CONTRACT OCCURRENCE	24b.	Approximat Interval Bet Onset and On
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THE PROTECTION NAME (PT IN AME (PT IN AME (PT IN AME)	10143
A SOCIAL SECURITY NUMBER  1. SEX  1. S	YEAR 3. TIME OF DEATH
92 Pinto Drive    Hollywood   St.	BIRTHPLACE (State or Foreign Country)  Massachuetts
TO. STREET AND NUMBER  92 PINTO Drive  10. WE SECONDET EVER IN U.S. ANMED  11. MARITAL STATUS  1   Ves Contemporary   12. WAS DECEMBENT EVER IN U.S. ANMED  12. WAS DECEMBENT EVER IN U.S. ANMED  13. MED DECEMBENT OF HISPANIC CHOINT (Specify Yes or No. 1)  14. SPECESORY SEDICATION  (Specify only highest prices completed)  15. MED CONTENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  (Specify only highest prices completed)  16. DECEMBENT SEDICATION  16. DECEMBENT SEDICATION  (Specify only highest prices completed completed and surrounce)  16. DECEMBENT SEDICATION  (Specify only highest prices completed completed and surrounce)  17. FATHER'S NAME (First. Michael Complete Sedication)  18. DECEMBENT SEDICATION  19. DEVIA SED	. Mary's
18. DECEDENT'S EDUCATION   18. DECEDENT'S USUAL OCCUPATION   18. KIND OF BUSINESSINDUM   18. DECEDENT'S USUAL OCCUPATION   18. KIND OF BUSINESSINDUM   18. DECEDENT'S USUAL OCCUPATION   18. KIND OF BUSINESSINDUM   18. DECEDENT'S USUAL OCCUPATION   18. MOTHER'S NAME (Pirst, Middle, Leat)   18. MOTHER'S NAME (Pirst, Middle, Leat)   18. MOTHER'S NAME (Pirst, Middle, Maldler Surmann)   18. Mother Name (Pirst, Middle, Maldler Surmann)   18. Mother Name (Pirst, Middle, Maldler Surmann)   18. Mother Name (Pirst, Middle, Maldler Surmann)   18. Mother Name (Pirst, Middle, Maldler Surmann)   18. Mother Name (Pirst, Middle, Maldler Surmannn)   18. Mother Name (Pirst, Middle, Maldler Surmannn)   18. Mother Name (Pirst, Middle, Maldler Surmannn)   18. Mother Name (Pirst, Midd	RACE — American Indian, Black, White, atc.  Specify:
Terry P. Davis  190. MAILING ADDRESS (Street and Number or Rural Poure Number, City or Rown, State, 2 p. C. Terry P. Davis  200. METHOD OF DISPOSITION 170. Burtal 2 Cremation 3 Removel from State 4 Donaton 5 Control (Specify)  21. SIGNATIVER) OF PUNERAL SERVICE LICENSE.  22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral I P.O. Box 270, Leonardtown, Mr.  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest and control in the cause of the death. Do not anter the mode of dying, such as cardiac or respiratory arrest diseases or conditions.  180. PLACE OF DISPOSITION (Name of cametery, crematory or control property)  22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral I P.O. Box 270, Leonardtown, Mr.  23. PART II. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest and control in the cause of the death. Do not anter the mode of dying, such as cardiac or respiratory arrest diseases or conditions.  180. The control of the	
Warren I. Davis  The RFORMANT'S NAME (TyperPrint)  The RFORMANT'S NAME (TyperPrint)  The RFORMANT'S NAME (TyperPrint)  The RFORMANT'S NAME (TyperPrint)  Terry P. Davis  20. MALING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, 2 p. C.  Terry P. Davis  20. METHOD OF DISPOSITION  To Burial 2 Cremetion 3 Removal from State  4 Donaton 5 Content (Specify)  Arlington National Cemetery Arlington  21. SIGNATIVER) OF PUNERAL SERVICE LICENSE.  22. NAME AND ADDRESS OF FACILITY  Mattingley-Gardiner Funeral I  P.O. Box 270, Leonardtown, Mi  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest inches or conditions.  If any, leading to immediate diseases or conditions.  If any, leading to immediate causes in the significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to death but not resulting in the underlying cause given to Part I. The significant conditions contributing to	CONCLUCION
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20e. METHOD OF DISPOSITION   20e. LOCATION - CROWN place)  17) Burial 2   Cremation 3   Removal from State   20e. PLACE OF DISPOSITION (Name of complainy, crematory or other place)  21. SIGNATIVE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   Mattingley - Gardiner Funeral.   1   P.O. Box 270, Leonardtown, M.    23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory error and other places.   1   P.O. Box 270, Leonardtown, M.    23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory error and other places.   1   P.O. Box 270, Leonardtown, M.    24. MAMEDIATE CAUSE (Fine)   1   P.O. Box 270, Leonardtown, M.    25. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING   1   P.O. Box 270, Leonardtown, M.    26. DUE TO (OR AS A COMSEQUENCE OF):  27. MAINT II. Other significant conditions contributing to death but not resulting in the underlying cause given to Part L.   22e. Was an Autropsy PERPONMENT   1   PER 2   P.D.    28. PLACE OF DEATH (Check only and perponents)   1   P.E. 2   P.D.    28. PLACE OF DEATH (Check only and perponents)   1   P.D.    28. PLACE OF DEATH (Check only and perponents)   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. DATE OF NALIVEY   1   P.D.    28. MAINT OF DEATH   1   P.D.    28. DATE OF NALIVEY   1   P.D.    28. DATE OF NALIVEY   1   P.D.    28. DATE OF NALIVEY   1   P.D.    28. DATE OF NALIVEY   1   P.D.    28. DATE OF NALIVEY   1   P.D.    28. DATE OF NALIVEY   1   P.D.    29. DATE OF NALIVEY   1   P.D.    29. DATE OF NALIVEY   1   P.D.    29. DATE OF NALIVEY   1   P.D.    29. DATE OF NALIVEY   1   P.D.    29. DATE OF N	20636
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JB. WAS CABE REFERRED TO MEDICAL  28. WAS CABE REFERRED TO MEDICAL  EXAMINENT  1 YES 2 TO  THERE  TO THERE  TO MANUSING Home S Togethence 6 Other (Specify)  27. MANNUS OF DEATH  THE MEDICAL SIGN ACTE OF INJUSTY  MORE	interval Between Ones and Death
	24b. WERE AUTOPSY FINDINGS MINICIPAL THOM TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
	RED
	Florel Physic Number
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J. Patrick Jarboe, M.D. Leonardtown, Maryland 20650  31. Date Filed (Month, Day Mary)  32. Registrants signature  32. Registrants signature  33. Registrants signature	



DHMH-18 Rev 1/89

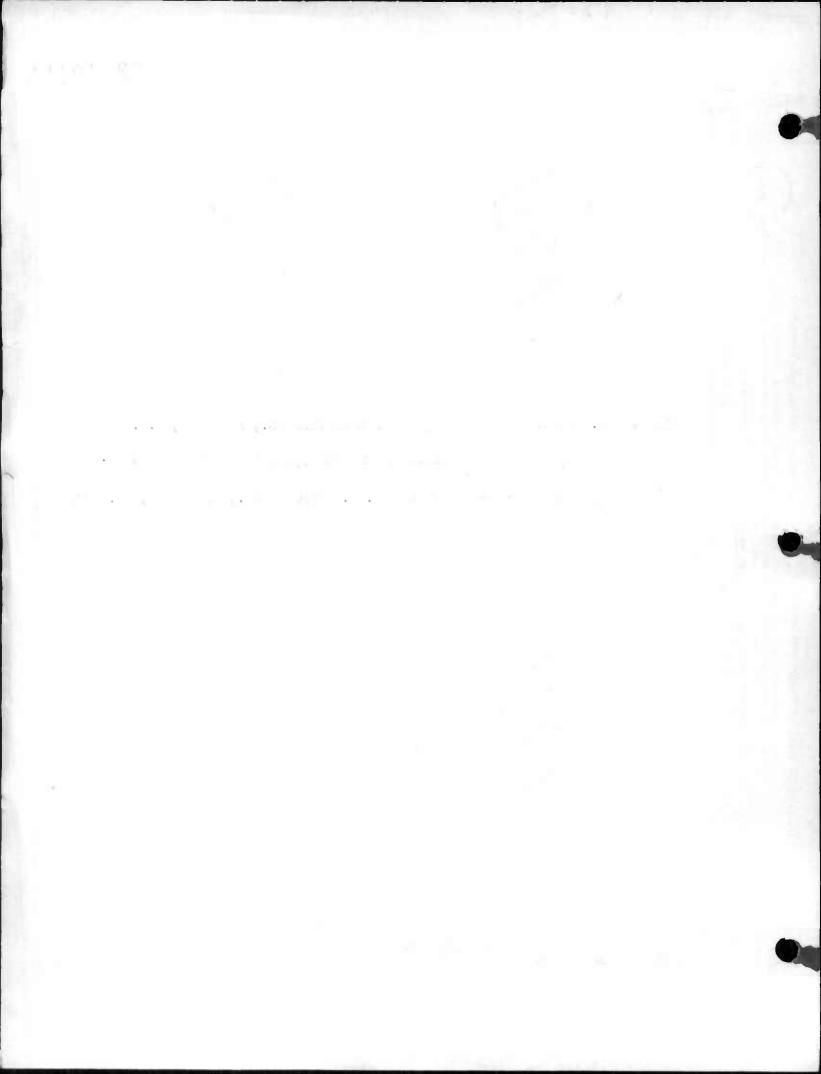
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF 1	MARYLAND / DEPAI CERTIF	RTMENT OF			MENTAL HYGIEI		92 1014
	1. DECEDENT'S NAME (First, Middle, Last) MICHAEL	DENI	7	EXTE	D		2. DATE OF DEATH MONTH	DAY 4	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)
	539-56-0811		38 YRS.				3 11	59	WASHINGTON
~	9a. FACILITY NAME (If not institution, give s	street and number)	2	9b. CITY, TOW				11: 1 5:21	TY OF DEATH
ō	RESIDENCE OF DECEDENT	SIN 11	VE	13 E	THE	550	A	Mo	NT 60 MERY
DIRECTOR	10s. STATE 10b, COUNT	TGO M		BETHE		4			10d. INSIDE CITY LIMITS?  1 VES 2 NO
	10e. STREET AND NUMBER	16010			10f. ZIP COD			10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	8200 WISCO,	USIA)	NB (14	15)	201	714		1	154
S	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARMED	13. WAS D	ECENDENT	OF HISPAN	IC ORIOIN? (Specify Y	ea or No-	14. RACE — American Indian,
	1 Never Married 2 Married		XX YES 2 NO		specify Cub ES 2 K NO		n, Puerlo Rican, etc.)		Black, White, etc. Specify:
ВҰ	3 Wildowed 4 Divorced		ADDRESS OF THE PARTY OF THE PAR						WHITE
	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	Work done during	TION most of work	ina	16b, KIND OF B	USINESS/INDU	JSTRY
E	Elementary/Secondary (0-12)	College (1-4 or 5	+) Ille. Do NOT (	ise retired.)					
MP		4	U. S	. NAVY				ENSE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maide	,	
BE	HAROLD FREDE	RICK DEX	Management of the Control of the Con				ICIA MARI		
10	19a. INFORMANT'S NAME (Type/Print)  CYNTHIA D. I	EXTER	196. MAILIN 43 I				Boute Number, City or R		code) R.I. 02808
	20a, METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ren  4 Donation 5 Other (Specify)	noval from State	20b. PLACE OF DISPO				The state of the s		City or Town, State
	4 Donation 5 Other (Specify) CHAMBERS CREMATORY 3/31/92 RIVERDALE, MD.								
	19/21. Cha	mbers	M00093					VERDAL	E, MD. 20737
	23. PART I. Enter the diseases, or ahock, or heart fellure.	complications the List only one ca	et caused the deeth. Do use on each line.						
J.	immediate cause (final disease or condition resulting in death)	a	ASPHY O (OR AS A CONSEQUENCE	XIA					ACUTE
		DUE IC	O (OH AS A CONSCOUENCE	)F):					100-0
ON	Sequentially list conditions,	b	O OR AS A CONSEQUENCE	11/ (-					1st UIB
ATI	If any, leading to immediata cause. Enter UNDERLYING			J. J.					
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E	resulting in death) LAST								
CEI		d							
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PHYSICIAN: MEDICAL	ALCOHOL	,					1 DENES		COMPLETION OF CAUSE OF DEATH?
AEC									1 TYES 2 NO
-									
¥.	25. WAS CASE REFERRED TO MEDICAL	728-0-		26	PLACE OF	DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3 ☐ DOA	OTHER:	lome 5 💢	Tesidence	6 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28a. DATE O		ME OF 28c.	INJURY AT WORK?	1	28d. DESCRIBE HOV	INJURY OCC	URED
Y	1 Natural 5 Pending		492			NO	HUNG F	ROM E	XICPCICE /MAN
BY C	3 Suicide 6 Could not be	2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office					office 281. LOCATION (Street and Number or Rural Route Number,		
COMPLETED	Homicide datermined	bullating	HOMB				City or Town, Sta	14	sus-
E	29a, CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat o	f my knowledge, death occu	road at the Ilma	late and plac	e and due	to the cause(s) and n	sanner en elek	4
MP	portion only								e cause(a) and menner as stated.
8		-	7/	(3)				_	
BE	29h. BIGNAZIANE WHO TITLE OF CERTIFIE	100	111.111	11	29c. Li	CENSE NUI	rock	29d. DATE	SIGNED (Month, Day, Year)
0	W NAME AND ADDRESS OF DEPARTMENT	HO COMPLETE	myst.	W Danie	10	0/	077		-115
-	NAME AND ADDRESS OF PERSON W	O COMPLETED CAL	JSE OF DEATH (ITEM 27) (M		1	1115	R		1h some
	PRAVCIS C MI	14168 1	200 W/	SCONSI	NA	TVB	NBHE	DA	11040814

32. REGISTRAR'S SIONATURE

DNMH-16 Rev 1/89



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

1	-	STATE REGISTR	AR
1.	. D	ECEDENT'S	NAMI

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last				CATE			Rt			
Rita	Irene 🔒.		Dw	yer			2. DATE OF D MONTH March	25,199	2 YEAR	3. TIME OF DEATH 12:30 A
4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. les		IF UNDER 1	-	IF UNDER 24 HRS.	7. DATE OF BI		6. BIRTI	HPLACE (State or Foreign
578-58-1426	1 🗆 M 2 🕸 F	80	YRS.	MONTHS 1	DAYS H	HOURS MIN.	Dec. 2	5,1911	New	Jersey
9a. FACILITY NAME (If not institution, give	alreet and number)			9b. CITY, T	NO NWO	LOCATION OF DE	ATH	9c. (	COUNTY OF D	DEATH
Carriage Hill No	ursing Hom	ne		Bet	thes	da			Montg	omery
10a. STATE 10b. COUN	ITY			, TOWN OR						10d. INSIDE CITY LIMITS?
none	none		Wa	ashin	gton	, D.C.				1 YES 2 NO
4000 Cathedral	AveN.W.					20016		10g.	U.S.A	WHAT COUNTRY?
11. MARITAL STATUS  1 A Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2X		14.7	yes, speci	IDENT OF HISPAR Ify Cuban, Mexica	n, Puerto Ricen		- 14. RAC Blac Spec Whi	E — American Indian, k, White, etc. ://y: . T.C
15. DECEDENT'S EC	DUCATION ide completed)	16a. Df	ECEDENT'S	USUAL OCC	CUPATION	of working	16b. KINI	OF BUSINESS	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	·) life	partm	e retired.)			υ.	S. Gov	vernme	nt
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middle	. Maiden Sumai	mel	
Thomas F. Dwyer						Julia				
19a. INFORMANT'S NAME (Type/Print)		11	b. MAILING	ADDRESS (	Street and	Number or Rural		ity or Town, State	e, Zip Code)	
Wade Gallagher						eet, Ro				
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS			tery, crematory or		20c. LOCATIO		
1 Normation 3 Re 4 Donation 8 Other (Specify)	moval from State	Mt.	olive	t Cem	eter	y Mar.2	7,92	Washi	ngton,	D.C.
21. SIGNATURE OF FUNERAL SERVICE	1 Han			22. N/	AME AND	ADDRESS OF FA	De	Vol Fu	neral	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	malnu ove to decub	(OR AS A CONSE trition (OR AS A CONSE itus ul	QUENCE OF	n: ions						l week 2 month 1 year
VAUGE CUISORSO OF IDIUTY		cephalu		<b>ጉ</b> ):						3 years
CAUSE (Disease or injury that initiated events resulting in death) LAST		_								
that initiated events		death but not	resulting i	in the und	derlying	cause given in		WAS AN AUTO PERFORMED?	?	AVAILABLE PRIOR TO
that initiated events resulting in death) LAST	iona contributing to	death but not	resulting i	in the und		cause given in	1(	PERFORMED?	?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAST  PART it. Other significant conditi	iona contributing to			OTHER:	26. PLA		1 [	PERFORMED?	?	COMPLETION OF CAUSE OF DEATH?
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PART II. Other algnificant conditions and the second secon	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D	ER/Outpatient INJURY Josy, Year)  OF INJURY — At h	3 DOA 28b. TIM	OTHER: 4 1 Nursia E OF 1	26. PLA: : ing Home 28c. INJUF WORI 1 — YE	CE OF DEATH (C) 5  Residence	1 [ neck only one) 6 Other (Sp 26d, DE\$CRIII	PERFORMED?  YES 2 X N  ecity)  BE HOW INJUR!	Y OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BY FUNERAL DIRECTOR

COMPLETED

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Deut, of Health and Mental Hiviene prior to hunal command.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE	STATE OF I	MARYLANI	n / nepart	MENT OF	LEVILLE WUD	MENTAL HYGIEN	7	2 10146
1 - STATE REGISTRAR		Will I har tree	CERTIFIC	CATE OF	DEATH			
1. DECEDENT'S NAME (First, Middle, Last)			02111111	JAIL J.	DEATH	REG. NO		
Disney,E,Lilli	an						92	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		B. BIRTHPLACE (State or Foreign
219-16-6546	1 □ M 2 😿 F	93	YRS.	ONTHS DAYS	HOURS MIN.	04-5-190	10	Laryland
9s. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOWN	OR LOCATION OF DE			TY OF DEATH
Montgomery, Gen		spita		Olney	JII 000	SAIN		gomery
RESIDENCE OF DECEDENT  100. STATE 100. COUNTY								
Maryland How				nland	NON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				10	f. ZIP CODE		100 CITIZ	ZEN OF WHAT COUNTRY?
13405 Clarks					207	777	US	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	TEVER IN U.S.		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		<b>™</b> NO	If yes, sp	ecify Cuban, Maxica 2 NO Specify	n, Puerto Rican, etc.)		Black, White, atc.
3   Midowed 4   Divorced						,	- 1	White
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a,	. DECEDENT'S US	SUAL OCCUPATION	ON and and an	16b. KIND OF BUS	INESS/INDU	JSTRY
Elementary/Secondary (0-12)	College (t-4 or 5+			rk done during mo retired.)			=	
iwkun	NN		Postal	Clerk		Post	Offi	ce
17. FATHER'S NAME (First, Middle, Last)					ta. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
Joshua D. Di	isney					Johnson		
19a. INFORMANT'S NAME (Type/Print)			195 MAILING A	DOBESS (Street )		Route Number, City or Town		
Charles Wood	d		17800	nomi	nd Number of Hurse i	Route Number, City or lowi	1, Stete, ZIP	Code)
20s. METHOD OF DISPOSITION	4					Sandy		
1 X Burisi 2 Cremation 3 Ramon 4 Donation 8 Other (Specify)		20b. PLAC cemetery,	CE AND DATE OF , crematory or other					hland, Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	2444	w1.1.	22. NAME AF	D ADDRESS OF FA	Slack	Filma	mal Hama
Wm & Krider	lin An	MÓÓ		P 0	Box 268	Ellicot	t Ci	ty, Md. 2104
23. PART I. Enter the diseases, or co	omplications that	caused tha	daeth. Do not	enter tha mo	de of dying, auci	n as cerdlec or reapi	retory arre	at, Approximate
anout, of flaat fellete. L	lat one ceur	se on each li	ina.			1 11 10 10 10 10 10 10 10 10 10 10 10 10		interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in death)		CAN	1	06.	DIE 0	ANCREAS	,	Onset and Death

772 DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

ONSTRIC	OUTCH ST	nvara			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (C	Sheck only one)	
1 YES 2 NO	HOSPITAL: 1 Finpatient 2 ER/Outpatient :	OTH	ER: lursing Home 5 - Residence		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Dey, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE NOW INJURY OCCUR	ED

t TYES 2 NO

3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 \_\_\_MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER DR. E, JACKSON 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 2 0 '92 isla Davidson-Rondose

DHMH-18 Rev 1/89

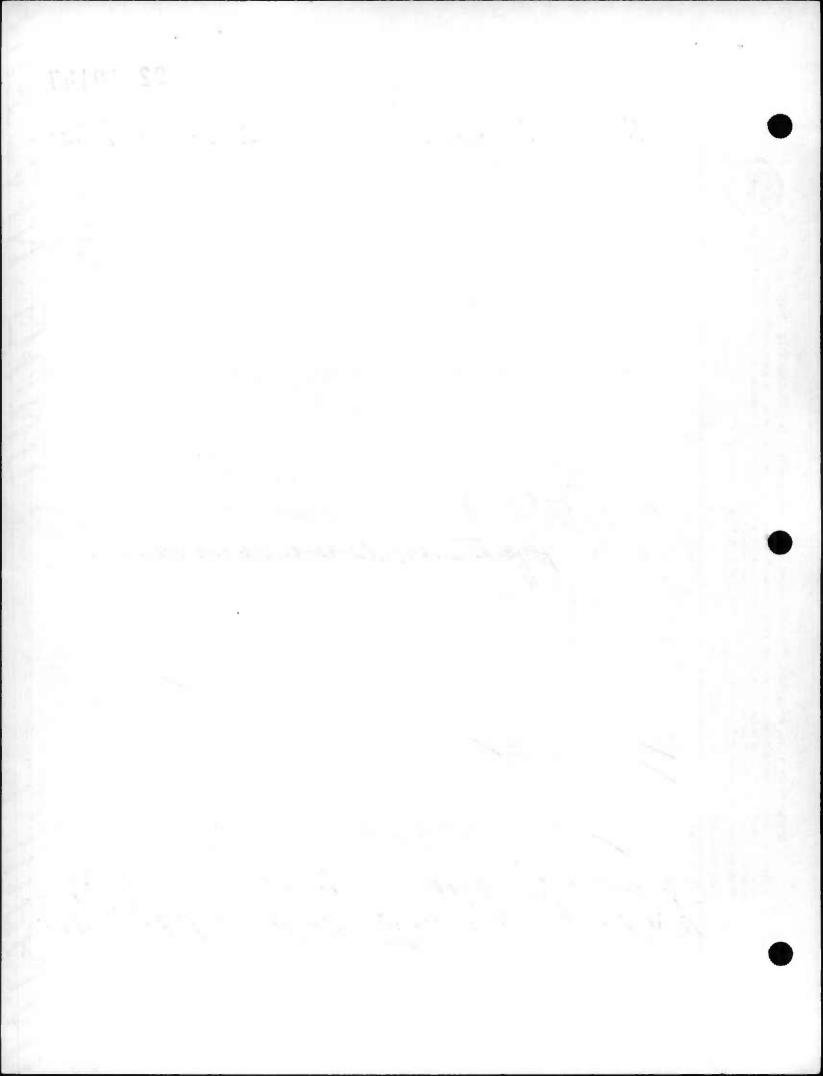
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMOF	BALTIMORE, MARYLAND 21203-3146	(
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x mours after death. Page 6 may be retained by the hospital or attending physician.	y be retained by the hospital or attending physician.	1000
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages he find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	page 5 should be detached for use as the burial-transit permit. Pages	2 1494
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be notified at once.	

223-52-9746  1	GE'S  E CITY 8? 2 \( \text{NO}\) NO  TRY?
MALCOLM GROW HOSPITAL  CAMP SPRINGS  PRINCE GEORGE  RESIDENCE OF DECEDENT  MARYLAND  PRINCE GEORGE'S  IGC.CITY, TOWN OR LOCATION DISTRICT HIS  104. REFET AND NUMBER  6409 HALLECK ST  11. WAS DECEDENT EVEN IN U.S. ANNED 10 FYES, GIVE WAS DECEDENT EVEN IN U.S. ANNED 11 WES 2 SHO 11 WES 2 SHO 12 WAS DECEDENT EVEN IN U.S. ANNED 12 WAS DECEDENT EVEN IN U.S. ANNED 13 WAS DECEDENT EVEN IN U.S. ANNED 14 WAS DECEDENT EVEN IN U.S. ANNED 15 WAS DECEDENT EVEN IN U.S. ANNED 16 WAS DECEDENT EVEN IN U.S. ANNED 17 WES 2 SHO 18 WAS DECEDENT EVEN IN U.S. ANNED 19 WAS DECEDENT EVEN IN U.S	E CITY \$? 2 NO TRY?
MARYLAND  100. CITY, TOWN ON LOCATION JUSTICE MARYLAND MA	S? 2 NO TRY?
12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1   VES 2   MAD IT YES, specify Cuben, Macican, Puerfor Ricen, etc.)  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— IT Yes, specify Cuben, Macican, Puerfor Ricen, etc.)  14. RACE — American Process 1   VES 2   MAD IT Yes, specify Cuben, Macican, Puerfor Ricen, etc.)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S BUBLL OCCUPATION  (Specify only highest grade completed)  16. NATURE'S NAME (First, Middle, Leat)  16. NOTHER'S NAME (First, Middle, Maiden Summans)  16. NOTHER'S NAME (First, Middle, Mai	n Indian.
Never Married   2   Merried   FORCES     YES   2   NO   If yes, specify Cuben, Meatcan, Puerto Rican, etc.)   Sieck, White, etc.   Specify (in the physic)   Specify (in the	n Indien,
Comparison of the property o	2011
16. MOTHER'S NAME (First, Middle, Leat)  CLAUDE CHANCE  199. MAILING ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  WILLIE DAVIS  200. METHOD OF DISPOSITION  TO Pourisi 2 Comention 3 Point (State)  4 Denestion 3 Point (State)  LINCOLN MEM CEMETERY  SUITLAND, MARYLAN  22. NAME AND ADDRESS (Street and Number or Plural Pouris Number, City or Rown, State, Zip Code)  APAPT 1. Enter the diseases, for complications that castled the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, integrated and plure. List only one cause of each line.  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or clinitry that initiated events resulting in death) LAST  19. MAILING ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  64.09 HALLECK ST, DISTRICT HTS, MD 20747  20c. LOCATION — City or Town, State, Zip Code)  19. MAILING ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  20c. LOCATION — City or Town, State, Zip Code)  20c. LOCATION — City or Town, State, Zip Code)  21. NAME AND ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  22. NAME AND ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  22. NAME AND ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  22. NAME AND ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  22. NAME AND ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  22. NAME AND ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  22. NAME AND ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  22. NAME AND ADDRESS (Street and Number or Plural Pouts Number, City or Rown, State, Zip Code)  22. NAME AND ADDRESS (Street and Number or Plural Pouts Number or Plural Pouts Number or Plural Pouts Number o	
WILLIE DAVIS  6409 HALLECK ST, DISTRICT HTS, MD 20747  20c. METHOD OF DISPOSITION 120 Purisl 2   Cremation 3   Removal from State  120 Donation 5   Other Disposition   120 Donation 5   Other Disposition   120 Donation 5   Other Disposition   121 Davis   Constitution 5   Other Disposition   122 NAME AND ADDRESS OF FACILITY NKINS FUNERAL HOME 123 NAME AND ADDRESS OF FACILITY NKINS FUNERAL HOME 124 TAYA LANDOVER RD, LANDOVER MD 20785  23 PART 1. Enter the diseases, or complications that cashed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, sheck, of heart failure. List only one cause on each line.  125 PART 1. Enter the diseases, or complications that cashed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interior ones.  126 PART 1. Enter the diseases, or complications that cashed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ones of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ones of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ones of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ones of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ones of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ones of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ones of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the	
Comment   Comm	
7474 LANDOVER RD, LANDOVER MD 20785  23. PART I. Enter the diseases, or complications that caded the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interpretation of the cause of each line.  IMMEDIATE CAUSE (Fine)  Character (Consequence of cause)  Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	ND
shock, of heart failfure. List only one cause on each line.  IMMEDIATE CAUSE (Finel cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Interior cause. List only one cause on each line.  Interior cause (I out to Cold William Cauling Cause of Cold Cause (I out to Cold William Cause of Cold Cause (I out to Cold William Cause (I out to C	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause gluon in Part I   24a Was AN AUTOPOW   24b West AUTOPOW	
PERFORMED? AMILABLE	PRIOR TO ON OF CAUSE
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	2   NO
EXAMINED:  1 OTHER:  1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
27. MANNES DEATH  1 Netural 5 Pending Investigation  28a. DATE OF INJURY 28b. TIME OF INJURY WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  1 YES 2 NO	
3 Suicide 8 Could not be determined 28. Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number of Rural Route	
29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check one)  29a. CERTIFIER (	M;
NUMBER 29d. DATE SIGNED (Month, Dog 3)	
31. DATE FRED (Month, Day, Your)  22. REGISTRARS SIGNATURE S	er se stated.





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

1 - STATE REGISTRAR		STATE OF MA	RYLAND / DEPAR CERTIF		OF HEALTH		MENTAL HYGIEN	E	.0140
	Evely	n I. Dicke	rson				2. DATE OF DEATH DATE OF DAT		3. TIME OF CEATH 8:36 a. M
4. SOCIAL SECURITY NUMB			AGE (In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER	24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	8. Bill Co	RTHPLACE (State or Foreign untry)
124-16-057		1 M 2 X F	74 YRS.	AL OUTY T	OWN OR LOCATIO			7 Was	shington, DC
Sacred Heart	Home				Hyattsv:		AIM		Geo's.
RESIDENCE OF DEC	EDENT 10b. COUNT	Y	10e CD	Y, TOWN OR	LOCATION				10d. INSIDE CITY
Maryland		ince Georg			attsvil	10			LIMITS?
		2			101. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
5805 Queens	Chape	1 Road			20	0782			USA
100. STREET AND NUMBER 5805 Queens 11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If y		n, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	8	ACE American Indian, lack, White, atc. pecify: Black
	EDENT'S EDI		18a. DECEDENT'S		UPATION ing most of workin	0	18b. KINO OF BUS	SINESS/INDUSTR	Y
Elementary/Secondary (0	-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ing most or working	y			
12th gra			Domes	tic					
12th gra	ddle, Last)				18. MOTH	IER'S NA	ME (First, Middle, Malden		
Leroy  190. INFORMANT'S NAME (7)	ma (Print)	Dicker		ADDRESS		0 1	Florence Soute Number, City or Town		
							K SIKA SEED SEED OF THE SEED SEED SEED SEED SEED SEED SEED SE		
Cecelia D		r SOM	20b. PLACE OF DISPO				V.: Wash	CATION - City o	
1 ☑ Buriel 2 ☐ Crematio 4 ☐ Donation 8 ☐ Other	n 3 🗆 Ren	noval from State	other place)						131234 3222
21. SIGNATURE OF FUNERAL		ICENSEE	Luarmony	22. N/	ME AND ADDRES	SS OF FA	Lan Cluty Vann &	mall.	Ma.
1 15	1/2								n.,D.C. 200
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	one,	b. DUE TO GO	MIC POL-	epho	polly				interval Betweer Onset and Death 3 Weeks
Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS	NG Ty	C	R AS A CONSEQUENCE (						
PART II. Other significa	rele	Leventributing to de		in the und	ertylng csuse (	given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDIAN.				26. PLACE OF D	EATH (Ch	eck only one)		
1 TES 2 THO		HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	g Home 5 🗆 Re	eldence	8 Other (Specify)		
27. MANNER OF SEATH  1 Autum 5	Pending Investigation	28e. OATE OF IN. (Month, Day,		JURY M	8c. INJURY AT WORK?	] NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	
3 Suicide 8 Homicide	Could not be	28e. PLACE OF II building, etc	NJURY At home, ferm, (Specify)	street, factor	y, office		28f. LOCATION (Street : City or Yown, State)	and Number or Ru	rel Route Number,
enel only			nination and/or investigat	ion, in my opi	nion, death occur	red at the	time, data and place, an	d due to the cau	se(s) and manner as stated.
B Felin	her	len			29c. LICI	22	750	≥ 3/	LS 19-
P Schisse	esp	HO COMPLETED CAUSE	Greenu	a, Print)	tr. Br	- (	meen bel	+ Mel	20770
MAR 25		Fulia David	SSIGNATURE Son-Randell						

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use as the burial-transit n by the funeral director, page 5 should be detached for removal. filled in by ti signed by the

BOX 68760.

P.0.

DIVISION OF VITAL RECORDS,

BALTIMORE, MARYLAND 21215-0020

hours after death. Page 6 may be retained by the hospital or attending physician. once. Ħ notified 9 must examiner medical 8 the attending physician and completely fille Mental Hygiene prior to burial, cremation, the executed within event, traumatic OR ATTENDING PHYSICIAN: The law requires that the death certificate be other 10 injury, shows any s certificate has been si th the State Dept. of He id, or Item 23 shown this c marked, After death TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If item 28 is m HOSPITAL 活点 223

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH MAXIL Mar 1es Henry JR. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIFTIN (Morth, Day, Year) 2/28/15 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 | F 214 18 8476 KENSINGTON MD 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR SUBURBAN HOSPITAL BETHESDA MONTGOMERY RES. JENOE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY FREDERICK MARYLAND ADAMSTOWN 1XX YES 2 ☐ NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2789 ADAMS STREET 21710 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No. If yea, specify Cuben, Mexican, Puerto Ricen, atc.)
 □ YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 24 1 Never Married 2 X Merried В 3 Widowed 4 Divorced BLACK COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 8+) BRICK LAYER CONSTRUCTION 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) CHARLES H DAVIS SR **SMOTHERS** CARRIE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2727 TERRACE RD SE #347 wash dc ANNIE DAVIS 20020 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2X Cramation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State METROPOLITAN FUNERAL SER. 4 ☐ Donation 5 ☐ Other (Specify) 3/26 ALEXANDRIA VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ALEXANDER'S POPE FUNERAL HOME 2617 PA AVE SE WASH DC Vone 20020 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximata** shock, or heart fellure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition \_\_\_\_\_ ardiopal monasy DUE TO (OR AS A CONSEQUENCE OF): 10 day Stro intertona CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING ntra cere CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ertensice ase PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part t. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | 10 atient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF GEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3 Shakui 783 120 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RAMLETH SHAKIR SHADY GROVE MD. 9019 32. REGISTRAR'S SIGNATURE 208

6410, 56

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MAR		DEPARTMENT ERTIFICATE		MENTAL	HYGIENE REG. NO.
Florence	Λ	Eb-14 ch		2. DATE O	F OEATH

1 - STATE REGISTRAR	STATE OF MARYLANI		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Lass Florence	Florence N&	LI Spelis	h	2. DATE OF OEATH	<sup>M</sup> 01 9	2" 6.05 A
4. SOCIAL SECURITY NUMBER  214-07-7221  9e. FACILITY NAME (If not institution, give	1 □ M 2 □ F 82	YRS. MONTHS	R 1 YEAR   IF UNDER 24 HRS. DAYS   HOURS   MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 28, ]		BIRTHPLACE (State or Foreign Country) eds Grove, M
Dorchester Ge			mbridge	DAIN .		hester
10e. STATE 10b. COU	chester	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?  1 5% YES 2 \( \text{NO} \) NO
100. STREET AND NUMBER 204 Meteor Av	re.		10f. ZIP COOE 21613	3	111	OF WHAT COUNTRY?
11. MARITAL STATUS  1  Never Merried 2  Merried 3  Wildowed 4  Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	S. ARMEO 13.	WAS DECENDENT OF HISPA If yes, specify Cubsn, Mexico 1 YES 2 NO Specifi	en, Puerto Ricen, etc.)	os or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. OECEOENT'S E (Specify only highest gri	College (1-4 or 8 +)	o. OECEOENT'S USUAL (Give kind of work done life. Do NOT use retired.) Seamstres	during most of working	166. KINO OF BU	ing Ap	
17. FATHER'S NAME (First, Middle, Lest) William La	wson English		18. MOTHER'S NA	AME (First, Middle, Maider cence Agr	n Sumame) nes Wi	lley
190. INFORMANT'S NAME (Type/Print)  Bernice Ph	illips	19b. MAILING ADDRES	ss (Street and Number or Rural	Route Number, City or Ton Cambridge	wn, State, Zip Co	<sup>(de)</sup> 21613
21. SIGNATURÉ OF JUNERAL SERVICE  23. PART I. Enter the diseases, a shortk, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	promplications that caused the List only one cause on each	O 125 C		ACILITY  Pral Home	308 H Camb	ligh St. oridge,Md.
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO	NSEQUENCE OF):	tenosis S7	3NOSIS		Sav Y-
PART II. Other algorificent condit	ions contributing to death but r	not resulting in tha u	underlying ceuse given in	Pert i. 24a. WAS A PERFO	PRMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie	ont 3 DOA 4 N	ER: ursing Home 5 🗆 Reeldence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	284. DESCRIBE HOW	INJURY OCCU	RED
2 Accident Investigated 3 Suicide 8 Could not determined	be 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, fa	ctory, office	281, LOCATION (Street City or Town, State	t end Number or e)	Aurel Route Number,
torioon orally	IVSICIAN: To the beat of my knowledg					
29b. SIGNATURE AND TITLE OF CENTI	FIER		29c. LICENSE NU	OMBER	29d. DATE S	GIGNED (Morith, Day, Year)
30. NAME AND ADORESS OF PERSON Dr. Shari.ff	who completed cause of oeath Dorchester G	eneral Hos	pital Cambi	idge, MD	21613	
31. DATE FILED (Month, Day, Year)  ADD = 2 02	32. REGISTRAR'S SIGNATU					



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lac	e Eddy	CERTIFIC	ATE OF D		REG. NO.	YEAR 3. TH	ME OF DEATH
4. SOCIAL SECURITY NUMBER 559-24-3752	- V			UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	74	E (State or Foreign
98. FACILITY NAME (If not institution, give Howard County RESIDENCE OF DECEDENT			Columbi			ounty of DEATH	
Naryland Ho			ksville	, Mary	land		INSIDE CITY LIMITS? YES 2 NO
13615 Highla	nd Rd.			029	100	JSA	COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, specify	ENT OF HISPANIC Cuban, Maxican, I NO Specify:	ORIGIN? (Specify Yee or No- Puerto Ricen, etc.)		merican Indian, la, atc. hite
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12th grade	DUCATION ade completed) Cotlege (1-4 or 5+)	Ille. Do NOT use i	k done during most of	working	GENERAL	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Dayton W. Ed	dy				(First, Middle, Malden Surnam	e)	
19a. INFORMANT'S NAME (Type/Print) Jane Eddy		196. MAILING A	DDRESS (Street and I	lumber or Rural Round	ite Number, City or Town, State,	Zip Code)	
20a. METHOD OF DISPOSITION 1		20b. PLACE AND DATE O	F OISPOSITION (Na	me	0ATE 20c. LOCATION	— City or Town, S	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	105KX	22. NAME AND A	DDRESS OF FACIL	mSlack Fur licott Ci	neral H	ome
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF):	Infl	icted			musk
PART II. Other significent conditions of the partie	lone contributing to deets		the underlying c	euse given in Pr	24a. WAS AN AUTOP PERFORMED? 1   YES 2   NO	AMAII COM OF D	E AUTOPSY FINOIR LABLE PRIOR TO PLETION OF CAUS REATH? YES 2 NO
25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	E OF OEATH (Check			
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 □ Inpatient 2 □ ER/0 26e, DATE OF INJUF (Month, Day, Ve	Y 28b. TIME	RY WORK	AT 2	Other (Spec/ly)	OCCUREO	
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJU	JRY — At home, farm, str (pecify)	eet, factory, office	1	28f. LOCATION (Street and Nur City or Town, State)	mber or Rural Route	Number,
(Crieck Orly	IYSICIAN: To the best of my kr						manner as state
30. NAME AND ADDRESS OF PERSON PATRICE A TOYE  31. DATE FILED (Month, Day, Year) MAR 2 0 92	, no Depth	ty ME How	iand Co 2	D3147	73 29d.	BISTO	
PATRYCE A TOYE	who completed cause of	lem lock (	ne Way	Ellicot	City MDZI	042	
MAR 2 (19)	32. REGISTRAR'S S	IGNATURE	(				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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giene L	other

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	E	0102		
		NIEL ELL	edo Elliott	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 220-33-1768  90. FACILITY NAME (If not institution, g	127M 2 🗆 F	82 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) 07 - 23-	69 Ni	geria		
CTOR	PHILL GEORGE RESIDENCE OF DECEDENT	o's Hospital Ce	nter (	Chevenly	EATH .	Prince	beorge's		
- DIRECTOR	10e. STATE 10b. CO			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER  4802 5 to  11. MARITAL STATUS	ckton LA	101. ZIP CODE 267.			eria			
BY	1 Never Married 2 Merried 3XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (	2 1 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 X NO Specific	en, Puerto Ricen, etc.)	or No— 14. RACE Black Speci	- American Indian, c, White, etc.		
COMPLETED	15. DECEDENT'S (Specify only highest (Specify only highest (December 12))	EDUCATION grade completed)  College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Minister,	done during most of working tired.)	Presbyte	rian Chu	rch		
BE CO	17. FATHER'S NAME (First, Middle, Last Henry Elliott	,		Comfor	AME (First, Middle, Meiden : t Johns				
2	Zaka M. Kuawoga		) 4802 Sto	DRESS (Street and Number or Rural ockton Lane, Hy	Route Number, City or Town yattsville,	, Stere, Zip Code) Marylan	d 20784		
	20. METHOD OF DISPOSITION 14. Burlal 2 Dependen 3 1 15. Dependen 5 1 Other (Specify)	F	b.PLACEAND OATEOFD metery, cramatory or other ORT Lincoli	nlacel	3/28/92 Bre	ntwood,			
	Mark 15	Brokare	w	Francis Gasch 4739 Baltimore	's Sons Fun e Ave. Hyat	tsville,			
	23. PART . Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one ceuse on	each line.				Approximata interval Between Onset and Death		
CERTIFICATION	disease or condition resulting in death)  a. MOCGEROLICA / Intervious Intervi								
AL CE	PART II. Other significant condi	tions contributing to deeth	but not resulting in ti	he underlying cause given in			WERE AUTOPSY FINDINGS		
MEDIC					PERFORI 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	O	26. PLACE OF DEATH (CA	eck only one)				
BY PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending 2 Accident Investigati		28b. TIME OF	Nursing Home 5 Residence  28c. INJURY AT WORK?  M 1 YES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURED			
0	3 Suicide 8 Could not 4 Homicide determine	Dunging, etc. (See	Y — At home, ferm, atree octly)	t, factory, office	28f. LOCATION (Street or City or Town, State)	nd Number or Rural R	oute Number,		
COMPLET	one) 2 MEDICAL EXAM	MINER: On the basis of examination		t the time, date and place, and due i my opinion, death occured at the			end manner se stated,		
TO BE	296. SIGNATURE AND TITLE OF CERT  OLL AND SIGNATURE AND ADDRESS OF PERSON	Ire ho sep	EATH (ITEM 27) (Type, Pric	29c. LICENSE NUI		P3-23	(Month, Day, Year)		
	31. DATE FILED (Morith, Day, Year)	REMO 4003	-	ong Red Hya	ttsville 1	10 20	23/		
	MAR 27 1	992 Julia Da	vidson-Randal	2.					



	1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.		1015
	1. DECEDENT'S NAME (First, Middle, Last)		ereis		2. DATE OF DEATH DO NO	6 9.	
	4. SOCIAL SECURITY NUMBER  278-32-9044  9a. FACILITY NAME (If not institution, give si	1 🗆 M 2 💢 F	57 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-21- DEATH	211 0	ORTHPLACE (State or Fore Country) OHIO OF DEATH
TOR	FOX CHASE REHA			SILVER			IGOMERY
DIRECTOR	N. CAROLINA	WAKE	10c. CITY, T	OWN OR LOCATION  RALEIGH			10d. INSIDE CITY LIMITS? 1 X YES 2 N
ERAL	100. STREET AND NUMBER  405 GUILFOR	D CTR		101. ZIP CODE 27608	3	3,300	T.S.A.
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 PES 2 NO Specific	ANIC ORIGIN? (Specify Yes cen, Puerto Ricen, etc.)		RACE — American Indian Black, Whita, etc. Specify: WHITE
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	done during most of working tired.)		. OF	JUSTICE
E COMPL	17. FATHER'S NAME (First, Middle, Lest)  RALPH	2 COWIN	SECRE	18. MOTHER'S N	STATE  IAME (First, Middle, Maiden  RTRUDE		. CAROLIN
TO BE	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rura	I Route Number, City or Tow	m, State, Zip Coo	fe)
	COLLEEN B  20a, METHOD OF DISPOSITION 1 Grown Burlel 2 M Cremention 3 Gram	HUGHES	13002 b. PLACE AND DATE Of cemetary, crematory or			LLE, N CATION — City	
	4 Donation 6 Other (Specify)	C		CREMATORY 3/		VERDAI	LE, MD.
	21, SIGNATIONE OF FORENAL SERVICE LIK	James March	7		S		SPRING,
	23. PART I. Enter the diseases, or o	complications that cause	MOO91	W. W. CHAMI			
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on a	asch line.	ma of s	A		Interval B Onset and
NO	Sequentially list conditions,	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):	U	r		
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):				
AL CE	PART II. Other significant condition	dns contributing to death i	but not reaulting in	the underlying ceuse given i	In Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FI
MEDIC					PERFO		AWAILABLE PRIOR COMPLETION DF COF OEATH?
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (			
•	27. MANNER OF DEATH  1 Netural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME C		28d. DE\$CRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — Al home, ferm, stre scify)	et, factory, office	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	enel			nt the time, data and place, and d in my opinion, death occured at I			suse(a) and manner as #
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Ates M	0	29c. LICENSE N	26 Md	29d. DATE SI	GNED (Month, Day, Year) -26-92
		ATES MI	0 420		N Ave K	W U	UASH IN G
	31. DATE FILED (Month, Day, Year) MAR 3.1 *92	32. REGISTRAR'S SIG	MAI UNE			DC	20016
	34	C. COURTH BINGS	- Conda				DHMH-1

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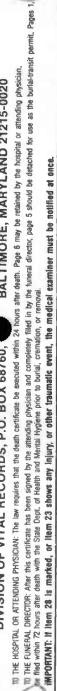
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92-1666-033 FOR

	1 - STATE REGISTRAR	STATE UF N	MARYLAND / CE		ICATE				MENTA	L HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		EDA CTE	מזי					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	JOY ELIZ		FRAZIE		Sept.		R		0.3		1 1	992	8:35 A.m
	218-33-7022	5. SEX	6. AGE (In yrs. les	VRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mont	OF BIRTH		Count	
	9a. FACILITY NAME (If not institution, give st			THO.	5	5	0.1.00471	201 05 05		-16,-1	_		YLAND
Œ	PRINCE GEORGES		ATI	9b. CITY, TOWN OR LOCATION OF CHEVERLY				ON OF DE	EATH			NICE	GEORGES
C	RESIDENCE OF DECEDENT				0111	7 7 7 7		_			1 1/4	HCL	GEOLGED
DIRECTOR	MARYLAND PRINC	E GEORGE	'S	S LANDOVER						10d. INSIO LIMITS			
IAL	104. STREET AND NUMBER			-		101	. ZIP CODE				IZEN OF	WHAT COUNTRY?	
FUNERAL	8012 ALLENDALE DR				2	0785				USA			
ВУ	11. MARITAL STATUS  1 New Married 2 Married  3 Wildowed 4 Divorced	T EVER IN U.S. AR YES 2 AN	EYER IN U.S. ARMED  J YES 2 NO  R OR DATES  13. WAS DECENDE  If yes, specify  1 YES 2			city Cuba	n, Mexican	n, Puerto	N? (Specify Yes Ricen, etc.)	or No—	14. RACI Black BLK	E — American Indian, k, White, etc. //y:	
	15. DECEDENT'S EDUC (Specify only highest grade of	CATION completed)			USUAL OC			0	168	. KIND OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	) life.	Do NOT us	se retired.)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			N/A						N/A			
	DOMINIC FRAZIER									Middle, Melden			
BE	19s. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADORESS	(Street a				ber, City or Town		n Codel	
5	ROCHELLE JACKSON	Ŋ								ER MAR			0785
	20a. METHOD OF DISPOSITION 1 ➡ Burlal 2 □ Cremation 3 □ Remo	wai from State	20b. PLACE A	MD DATE	OF DISPOS	ITION (Na	me of		DAT	E 20c. LO	CATION -	City or To	
	4 🗆 Donation 5 🗆 Other (Specify)		HARMON	Y"ME					1				MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	Di D	Li	1						, LAND			AL HOME 20785
NC	Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Due to (or as a conscouence of):  Sequentially list conditions,												
ATIC	if any, leading to immediate cause. Enter UNDERLYING		OR AS A CONSEC	DUENCE OF	<b>ጉ</b> :								
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		OR AS A CONSEC	UENCE OF	F):								
8	PART II. Other aignificant conditions		death but and	101									
N: MEDICAL	TANT II. OHIE BISHINGAN CONDITION	contributing to	owarn but not n	esuiting	n the un	gerlying	ceuse g	iven in F	Part I.	24a. WAS AN PERFOR 1 DAES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 SES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100		OTHER		ACE OF DE	ATH (Che	ck only or	10)			
IXS	1  YES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 IS			4 🗆 Nurs	ing Home	5 🗆 Res						
BY PI	1 Natural 5 Pending Investigation	28a. DATE OF (Month, Da		28b. TIM INJ	URY M	28c. INJU WOI 1 Y	JRY AT RK? ES 2 [	. 1	28d, DES	CRIBE HOW IN	JURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE Of building, o	FINJURY — At hor Mc. (Specify)	ne, farm, s	treet, facto	ory, office			281. LOC City	ATION (Street a or Town, State)	nd Number	or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCK ONLY ONE) 1 CERTIFYING PHYSIC CHOCK ON THE CONTROL OF CONTROL O												and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	. 4.7		-			29c. LICE						(Month, Day, Year)
TO BE	Monte (bre	Yhu	)					.M.I					-1992
	MAME AND ADDRESS OF PERSON WHO	ALL M	_			STE	REET	BAI	LTI	MORE I	MARY	I AN	D 21201
	MAR 2 6 1992	32. AEGISTRAP	avidson-R	indelle									



DHMH-18 Ray 1/89

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		3
1		must
	·	f. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
1	or removal	medical
	n 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or rem	out, the
	ourial, cr	tle eve
	prior to t	trauma
	Hygiene	jury, or other traumatic event, ti
	Mental	njury, o
	afth and	s any i
	at. of He	show
	tate De	8 is marked, or Item 23 shows
	the	6
	with a	arked,
	r deat	E
	rs afte	n 28
	2 hou	=
	-	

	1. DECEDENT'S NAME (FIRST, MIDDIN, LIST)	James R.	Farr				2. D		DAY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bir		UNDER 1 YEAR				199		8:32 P M		
	484-01-5679 DEXM 2 - F 74 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year) Oct. 24, 1917 Ion								a. BIRTH Count IOW				
OR	90. FACILITY NAME (If not institution, give street end number)  Southern Maryland Hospital Center  Clinton								Prince George ts				
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY												
FUNERAL DIRECTOR	Maryland Prin	ce George'			ple H						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
₹I	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?		
NEH	3040 Brinkley Rd	. Apt. T-				20748	arom. Wi				.A.		
B	1 Never Merried 2 Merried 3 Wildowed 4 Diverced	FORCES? 1	YES 2 NO		If yes, a	CENDENT OF HIS pecify Cuben, Me 3 2 🔯 NO Sa	exican, Pue	IGIN? (Specify Y rto Rican, atc.)	es or No—		E — American Indian, k, White, atc. White		
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECED	ENT'S USU	AL OCCUPAT	ON		18b. KIND OF B	USINESS/INC	USTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	5-0.00			ost of working	.,	F-1	7 (				
NO.	17. FATHER'S NAME (First, Middle, Lest)	4	Dec	ullty	OLLL			Federa		ernm	ent		
BEC	Lee Farr							Donnell					
2	James L. Farr					Rd. Ox				,			
	20e. METHOD OF DISPOSITION 1   ↑ Burial 2   ☐ Cremetion 3  ☐ Remo	oval from State	20b.PLACE AND	DATEOFDIS	SPOSITION //	ame of		DATE 20c. L	OCATION —	City or To			
	4 Donatloyi /5 Other (Specify)		Resurre	ectio	n Ceme	etery	3/2	7/92 C1	inton	, Ma	ryland		
	22 NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745										007/5		
	23. PART I. Enter the diseases, or c	omplications that ca	used the death										
	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.	xAc	)~/	Fo	iil	and ac or rea	piratory an	eat,	Approximate Interval Between Onset and Death		
NOIL	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	NCE OF):	the	tire	li	inp	Dis	ea	<b>~</b> e		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	NCE OF):	h	21/	+	ail	)	2			
S S	PART II. Other algnificant conditions	s contributing to de	nth but not reau	iting in th	e underlylr	g cause given	n in Part I	. 24s. WAS A	N AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
NED N					-			1 TYES	2 1 NO		OF DEATH?  1 YES 2 NO		
Z													
BY PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	/Outpatient 3 🖺 t		HER:	LACE OF DEATH							
	27. MANNER OF DEATH	28e. DATE OF INJ	URY 28	b. TIME OF	28c. IN	JURY AT	_	DESCRIBE HOW	INJURY OC	CUREO			
ᇫ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1	bar)	INJURY		ORK? YES 2 NO	100						
- 10	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF IN building, etc.	JURY — At home, (Specify)	form, street	, factory, offi	:0		OCATION (Stree Olty or Town, State		or Rural F	loute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC 2 MEDICAL EXAMINER										) end menner se stated.		
BE C													
	Thehs	and of			1	M75	40	20	▶ 3	/25/	92		
=	Moti Koul, M.D.					ichte	Md						
	31. DATE FILED MOATR 2 5 199	20 DECUTEDADIO				rgiics,	riu.	20740					
	711112 0 199	- June	- Mania	- Incom									



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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Linst) DOROTHY Marie	e FLIPPIN				2. DATE OF DEATH	YEAR	3. TIME OF DEATH 12:15PM M				
	4. SOCIAL SECURITY NUMBER 223-42-9182	5. SEX 8. AGE (		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	6 8. BIRT	HPLACE (State or Foreign try)  RGTNTA				
В	96. FACILITY NAME (If not inelitation, give str PRINCE GEORGES		NTER		PRIOCATION OF DEVERLY							
12	RESIDENCE OF DECEDENT											
m	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY				
L DIRECTOR	MARYLAND PRING							1X YES 2 NO				
FUNERAL		318 KAREN BOULEVARD						SA				
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	Married 2 Merried FORCES? 1 YES 2 NO			ENDENT OF HISPAI ecity Cuben, Mexics 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)  y:	Blac	E — American Indian, ck, White, etc. BLACK				
8	15. DECEDENT'S EQUO	CATION	16a. DECEDENT'S US	BUAL OCCUPATION	ON	16b. KINO OF BU	SINESS/INDUSTRY					
COMPLETED	(Specify only highest grade :  Elementary/Secondary (0-12)  12 TH	st of working	CO	VERNMEN	m							
M	17. FATHER'S NAME (First, Middle, Last)	N/A	71/27	BORER	44 440745710 444			T				
BE CC	ALFRED GEORGE	JOHNSON				E ALICE		S				
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING AI	DDRESS (Street e	nd Number or Rural	Route Number, City or Tow	rn, State, Zip Code)					
F	DEBORAH FLIPPIN	V	1324 K	AREN I	BLVD, DI	STRICT H	EIGHTS.	MD. 20743				
	20a, METHOD OF DISPOSITION	206	PLACE AND OATE OF				CATION — City or T					
	1 Donation 5 Other (Specify)		RMONY M			3-23-92						
	21. SMANATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	( Summi C	neal Se	,		J.B	. JENKIN:		AL HOME R,MD.20785				
	23. PART I. Enter the diseases, or cahock, or heert failure. I	Severalez	I the deeth. Do not set line.	enter the mo	natore	shae cardiec or resp	beli	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	DARY II Oak a dealth and an dal											
: MEDICAL	PART II. Other algnificent conditions	contributing to death of	ut not resulting in	the underlying	g cause given in	Part i. 24e. WAS AN PERFOI	RMEO?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:	etlent 3 DOA 4	THER:	ACE OF OEATH (Ch	6 Other (Specify)						
	27. MANNER OF CEATH  1 Natural 5 Pending Invastigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	ry wo	URY AT RK? /ES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCURED					
red BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	eet, fectory, office		281, LOCATION (Street City or Town, Stete)	end Number or Rural	Route Number,				
COMPLETED		DIAN: To the best of my knowl										
ő	EDICAL EXAMINER	R: On the beels of examination	end/or investigation,	in my opinion, d	eath occured at the	time, date end place, en	nd due to the ceuse(	e) end menner ee stated.				
BE	296. SIGNATURE AND TILE OF CERTIFIER	Sarle	g MO		29c. LICENSE NUI	MBER	29d. DATE SIGNE	(Month, Day, Year)				
٩	DE NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	УН (ITEM 27) (Туре, РГ	rint)			, 0/.	11/				
	MAR 2 4 1992	22. REGISTRAR'S SIGNA										

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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH REG.		10
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	1. DECEDENT'S NAME (First, Middle, Last)  ALVIN  R.						7TT T 1			MON	E OF DEATH	AY 10	YEAR	3. TIME OF DEATH	
1						FUN	/III	E		03	16-	19	1992 12:20 P M		М
	0.40 00 4000			6. AGE (In )	yrs. last birthday) YRS.	IF UNDE	DAYS	HOURS	R 24 HRS.		e of BIRTH hth, Day, Year) 120/29	)	Count		- 1
œ	99. FACILITY NAME (If not institute MONTGOMERY C			PΔT.									North Carolin		
10	RESIDENCE OF DECEDENT					OTIVET .						MON	TGOM	IERY	
EC						TY, TOWN	OR LOCA	ATION						10d. INSIDE CITY	-
FUNERAL DIRECTOR							ingt	con						LIMITS?	
MAI	10e. STREET AND NUMBER						10	M. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
Ü	3622 Alabama Ave. S.E.							2002	00			Un	ited	States	
E	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO					13.	WAS DE	CENDENT (	OF NISPA	NIC ORIGI	IN? (Specify Yes Rican, atc.)	or No	14. RACI	E American Indian, k, White, etc.	
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TE	(Specify only his	ighest grade oc			(Give kind of	work done	during m	ION lost of worki	ng	16	b. KIND OF BU	SINESS/IN	DUSTRY		
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M	12			C	onstu	ctic	on				rivat				
COMPLETED	17. FATHER'S NAME (First, Middle							18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)			
BE	Jarmon Fon							Ne:	llie	Sh	epher	d			
2	19a. INFORMANT'S NAME (Type				19b. MAJLING	O ADDRES	SS (Street	and Numbe	r or Rural	Route Nun	nber, City or Tow	n, State, Zij	p Code)		П
	Lillian A.	Frazi	er		418	Jeff	ers	on S	ST.N	I.E.	Wash	. D.	. C.	20017	
	20a. METHOD OF DISPOSITION 1√ Burlal 2 ☐ Cremation		mi from State		ACE AND DATE	OF DISPO	SITION/N			DA		CATION -			
	4 Donation 5 Other (Sp	pecify)			ry, cremetory or chingto	on N	lati	ona	1 3/	/21/	975111	+lar	M br	5	- 1
	21. SIGNATURE OF FUNERAL S	ERVICE LICE	NSEE			22	. NAME A	ND ADDRE	SS OF FA	CILITY	925ui	160	leva,	8	
	· Anice	02	dura	rolo	1	3	3720	00.	113	Silv	er 141	118	21.5	ntkead Me	1
		ases, Dr co rt fallure. Ll:	mplications the st only one cau	t caused the	na death. Do h line.	not ente	r the m	oda of dy	ing, auc	h aa cei	rdiec or reap	iratory ar	reat,	Approximate Interval Between	en
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ATHERS CUSTOTIC COMMON ONS COUNTY DISERBAND DUE TO (OR AS A CONSEQUENCE OF):									Onset and Das						
	reaulting in death)		VIHOR	2 cele	STOTI C	- 0	A OX	10 1/6	80	LLM	1 010	Men			ath.
	resulting in death)		DUE TO	OF AS A CO	SPOTT C	OF):	DOM	) IC V	Sa	us	a DIS	EDS4			eun -
N			DUE TO	OF AS A CO	STOTT CONSEQUENCE OF	OF):	DOM	)10 V	Sa	um	a 015	EDSA			eun
TION	Sequentially list condition: If any, leading to immediat	s, f b.			ONSEQUENCE O		DIN	)1C V	Sa	um	n 015	EDSY			
ICATION	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING	s, fa	DUE TO	(OR AS A CC	ONSEQUENCE O	PF):	DOM	)10 V	Sa	um	n 015	enst			
TIFICATION	Sequentially list condition: if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	s, fa	DUE TO	(OR AS A CC		PF):	o ox	) ic v	Sa	um	1 015	EDS4			
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it		
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FUNERAL within 72 h

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32. REGISTRAR'S

whis Davidson

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92 10158 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3 7 49AM ary GRICR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 1 M 2 FF YRS. 577-50-9336 MARYLAND MAY 18, 1893 9a. FACILITY NAME (If not Institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CARROLL MANOR HYATTSVILLE PRINCE GEORGE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 12313 CLEMENT LANE 20902 USA 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 X NO BΥ Specify: 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at CHARLES ALBERT FOX, M.D. BE ANNE WHALEN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) WILLARD O. VICK (SON-IN-LAW) 12313 CLEMENT LANE SILVER SPRING, MARYLAND 20902 pe 20s. METHOD OF DISPOSITION
1X Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, Stata ry, cramatory or other place)
JOSEPHS 4 ☐ Donation 5 ☐ Other (Specify) 3/12 AMMENDALE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL, SPR., MD. 20901 medical 23. PARTI. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. Approximate IMMEDIATE CAUSE (Finel Onset and Death the Artery Lasur With Cardino Arnes disease or condition resulting in death) event, other traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE DF): that initiated events resulting in deeth) LAST 20 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE элу 1 YES 2 100 OF DEATH? Shows 1 TYES 2 T NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO 26, PLACE OF DEATH (Check only one) HOSPITAL I WES I WANT 4 Murs 2 III ERION me 6 [] Besidence 6 27. MANNER OF BEATH 28s. DATE OF INJURY is marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Demini BY 1 YES 2 NO Suichte 28s. PLACE OF INJUSY - At b building, etc. (Toxolki) 281. LOCATION (Street and Number or Flural Flouris Number City or Town, State) COMPLETED 6 Could not be 28 4 | Homicide MPORTANT: If item ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 \_\_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATORE AND TITLE OF CERTIFIER BE LICENSE NUMBER 29d. DATE SIGNED (Month.

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 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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. /-	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO	D.							
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY VEA	3. TIME OF DEATH						
		Dorothy E.	-	ry	March	27, 199	6:00 AMM						
	4. SOCIAL SECURITY NUMBER 578-09-4587	1 🗆 M 2 🔀 F		IF UNDER 1 YEAR IF UNDER 24 HRS.		8. Bif Coo	ATHPLACE (State or Foreign untry) eorgia						
NC.	90. FACILITY NAME (If not institution, give street and number) 3572 Powder Mill Road  9b. CITY, TOWN OR LOCATION OF DEATH Beltsville  9c. COUNTY OF DEATH Prince Georges												
C	RESIDENCE OF DECEDENT												
DIRE	Maryland 10b. coun	Prince Geo	rges 10c. CITY,	TOWH OR LOCATION Beltsville			10d. INSIDE CITY LIMITS?  1 YES 2 NO						
FUNERAL DIRECTOR	3572 Powder Mill	Road		101. ZIP CODE 20	10f. ZIP CODE 20705								
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	ZY NO	13. WAS OECENDENT OF HISP. If yes, specify Cuben, Mexic  1 YES 2 NO Spec	Bi	ACE — American Indian, lack, White, etc.							
	15. OECEDENT'S EDI	UCATION	16a. DECEDENT'S U	SUAL OCCUPATION	16b. KINO OF BI	JSINESS/INDUSTRY							
COMPLETED	(Specify only highest grad	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during most of working retired.)									
MG	1-12  17. FATHER'S NAME (First, Middle, Last)		Home	naker	own ho								
BE C	Roy Shira	h		Rowena 1	AME (First, Middle, Maider White	: Surname)							
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rura		vn. Stete. Zip Codel							
ř	Peter T. Gr	egory		Powder Mill Roa									
	20e. METHOD OF DISPOSITION  1 1 Burlel 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)	noval from State	metery, crematory or othe			OCATION — City or							
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	corge was	22. NAME AND ADDRESS OF F	ACILITY		1, FIG.						
	23. PART I. Enter the diseases, or	KINNELL		11800 N.H. Av	ve. Silver	Spring	, Md. 20904						
NC	ehock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions.	a. Pul	Pech line.	u- Emphy		are	Approximata Interval Between Onset and Death Years						
EDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS .	A CONSEQUENCE OF):										
2	PART II. Other algnificant condition	na contributing to death i	out not resulting in	the underlying cause given in	Part I. 24a. WAS AN	AUTOREY In	45 1000000000000000000000000000000000000						
Σ				, ,	PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)								
Š	1 TYES 2 WO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:  Nursing Home 5 Presidence	6 Other (Specify)								
ED BY	3 Suicide 6 Could not be determined determin												
COMPLET	20a CENTIFIED	ICIAN: To the best of my know	riedge, death occurred	at the time, date end place, end du	e to the cause(a) and	ther se stated							
ĕ.	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation,	in my opinion, death occured at the	time, date and place, er	nd due to the cause	e(e) end menner se stated.						
BEO	296. SIGHATURE AND TITLE DE CENTRE			29c. LICENSE NU		29d. DATE SIGNE							
2	30. NAME AND AODRESS OF PERSON WH	OCOMPLETED CAUSE OF THE	ATH (ITEM 27) (Type, Pr	007	067	3/3	17/92						
	EDWARD S.	MEHLITA	N	BETHESDA	MARYLAI	N ROAL	08/4						
	31. DATE FILED (Month, Day, Year)  MAD 3 1 '97	Julia Davidon	ATURE AMERICAN	7									

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4	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H							
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.						

	1. DECEDENT'S NAME (First, Middle, Last) Mary Titus Garretson								2. DATE OF MONTH March	DAY	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF B 1  M 2 X F 85 YRS. HOURS MIN. MAY 1									6,190	8. Bir	THPLACE (State or Foreign Praska		
HO.		FACILITY NAME (if not institution, give street and number) 7711 Hillmeade Rd.					Bowie Princ						
DIMECTOR	10a. STATE 10 Maryland		ry, town on	LOCAT	ION				10d. INSIDE CITY LIMITS? 1XXYES 2 \( \text{NO}\) NO				
FUNERAL	7711 Hillmea	de Ro	1.				101	20720			States		
ā		11. MARITAL STATUS  1 Never Married 2 Merried  3 W Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVEN ARR OR DATE OF THE YES OF THE						ENDENT OF HISPAN belfy Cuben, Mexica 2 NO Specify	n, Puerto Rica		ACE — American Indian, lack, White, etc. secily: ICASIAN		
COMPLETED	(Specify only his	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)				16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relited.)  Homemaker  Own Home							
BE CON	17. FATHER'S NAME (First, Middle) (Unavaila	able)	Ti	tus				18. MOTHER'S NA Gertr	ME (First, Migd ude Wa	le, Meiden St ashbul	rname) CN		
90	Sydney Louis	Print) Se Val	llentyne		106. MAILIN	as as	Street a	nd Number or Rurel i	Route Number,	City or Town,	State, Zip Code)		
	20a. METHOD OF DISPOSITION 1 Buriel 2 \( \hat{N} \) Cremetion 4 \( \hat{Donation} \) Donation 8 \( \hat{Other} \) Other (Sp	3 🗆 Ramo	val from State	oth	ace of disposition of the place	ltan C	ren				andria,	own, Stata Virginia	
	21. SIGNATURE OF FUNERAL S	ERVICE LICI	EUTIMA	Pro	2	16	000	Annapol ,MD 2071	lis Rd.		l1-Evar e.P.A.	s Funeral	
CEMINICALION	Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	to	DOE TO	OR AS A CO	NSEOUENCE	) <del></del> ):	40.	anes e He	ast	Jane	luge.		
MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. Was AN AUTOPSY PERFORMED?  1 YES 2 NO								24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	FR/Outpeties	of 3 🗆 DOA	OTHER:		ACE OF DEATH (Ch		neofful			
27. MANNER OF DEATH 28s. DATE OF INJURY (Morth, Day, Year)  28s. TIME OF INJURY AT WORK?  1 Natural 5 Pending  28s. DATE OF INJURY (Morth, Day, Year)  28s. TIME OF INJURY 1 YES 2 NO													
										ral Route Number,			
COMPLETED	200)							and place, and due				se(s) and manner as stated.	
IO BE C	296. SIGNATURE AND TITLE OF	fore.	U, the	105 OF OF ATA				D30	MBER		29d. DATE SION	NED (Month, Day, Year)	
	30. NAME AND ADDRESS OF S	one	s, M.D.	P.0	. Bo	× 385	1	acuel	md	20	725-		
	MAR 2 6	1992	grina	Day door	n-Aando	ll.							



TO BE COMPLETED BY FUNERAL DIRECTOR

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SION OF VITAL	ENDING PHYSICIAN: Th
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE	OF D	EATH	F	EG. NO.				
1. DECEDENT'S NAME (First, Mid					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH								
CHARLES A.  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE.				GENTI				MARCH	23	3:	1992	9:21a M	
577 32 7289	rs. lest birthday) YRS.	IF UNDER 1		UNDER 24 HRS. URB MIN.	7. DATE OF 1 (Month, Da April	y, Year)	1927	Count	HPLACE (State or Foreign Try) Shington D.C				
9a. FACILITY NAME (If not institute DOCTORS C	OMMUNI	TY HOSE	PITAL		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I							GEORGE S	
RESIDENCE OF DECED	ENT COUNTY			L Man CIT	V TOWN OF	LOCATION			_				
Maryland P		Georges	S	Bow							1 Kres 2 I NO		
100. STREET AND NUMBER 8606 Race Tr	ack Ro	ad				10f. ZIP	20715					States	
11. MARITAL STATUS 1 Never Married 2 Meri 3 Widowed 4 Divorced	led:	WAS DECEDENT FORCES? 1   IF YES, GIVE WI	YES	2 NO	R	yes, specify	ENT OF HISPA Cuben, Mexico NO Speci	NIC ORIGIN? (S en, Puerte Ricai fy: No	pecify Yes n, etc.)	or No-	14. RACI Blac Spec	E — American Indian, ok, White, etc. White	
15. DECEDER (Specify only high Elementary/Secondary (0-12) 12	Co	ON pleted) illege (1-4 or 5 +)		Give kind of the Do NOT us  He Do NOT us	work done do retired.) se Tra	iring most of	working		por sus		ehors	ses)	
17. FATHER'S NAME (First, Middle, Charles A. Ge								ME (First, Middl Slan k		Sumame)			
190. INFORMANT'S NAME (Typore Charles R. G								Route Number, G					
20e. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 4 □ Donation 5 □ Other (Spe		from State	cemete	ry, crematory or o	CEANDDATE OF DISPOSITION (Name of corporation of corporation)  COMPAND ATE CONTROL OF CO								
21. SIGNATURE OF FUNERAL SE	RVICE LICENSE	lama	P	(00)	В	ea11-		Funera				land 20715	
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Cylcusive or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Approximate Interval Between Onset and Dasth  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)													
PART II. Other algnificant of	onditions co	ntribuling to d	death but	not resulting	In the und	lerlying ca	use given in		PERFOR	MED?	24b	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	НС	SPITAL:	EB/Output	2 🗆 004	OTHER		OF DEATH (CI						
27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF UNDURY AT WORK?  M 1 VES 2 NO									W INJURY OCCURED				
2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tectory, office builtding, etc. (Specify)								28t. LOCATIO City or To	N (Street e wn, State)	and Numbe	or or Rural I	Route Number,	
		To the best of r										a) and manner ea stated.	
296. SIGNATURE AND TITLE OF		MBER 2520											
30. NAME AND ADDRESS OF PER TOMAS HERNAND	EZ, 30	01 Hosp	of DEATH	Dr., C	heve	1y, 1	1d. 2	0785					
31. DATE FILED (Month, Day, Year) MAR 2	6 1992	32. REGISTRAF	is SIGNATU	dson-Ran	dell								



Carrier Parties

1 - STATE REGISTRAR		STATE OF MA		/ DEPAR CERTIF					MENTA	L HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First,		EVELYN GOL	WAY						MONT	OF DEATH	1992	YEAR	3. TIME OF DEATN 10:07 pm M
4. SOCIAL SECURITY NUMB	ER	5. SEX 6.	AGE (In yrs.					24 HRS.	7. DATE OF BIRTH 8. BIRTHPLACE (State or				
577-38-3101		1 🗆 M 2 🏋 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Apr	11 23,	1911	Pen	msylvania
9e. FACILITY NAME (If not ins					9b. CITY,	TOWN O	R LOCATE	ON OF DE			9c. COUN		
Greater Laur		tsville H	ospit	al	L	aure	1				Prin	ce (	George's
RESIDENCE OF DEC	10b. COUNTY	,		100.00	Y, TOWN OI								
Maryland Prince George's Laurel													10d. INSIDE CITY LIMITS?  1 YES 2 NO
026/-/0 Champy I and											EN OF V	VHAT COUNTRY?	
	ry La						207	80			Uni	Lted	States
11. MARITAL STATUS  1 Never Married 2 1	Married	12. WAS DECEDENT & FORCES? 1	YES 2	NO	13. W	AS DECE	NDENT O	F NISPAN	IC ORIGI	N? (Specify Yee Rican, atc.)	or No-	14. RACE	- American Indian, t, White, etc.
3 🔀 Widowed 4 🗌 Divor		IF YES, GIVE WAR	OR DATES				2 NO	Specify		rivouri, actors		Speci	ty:
15. DECE	DENT'S EDUC	PATION		O	1101111 00		NO		17.			whi	te
(Specify only	highest grade	completed)	104.	DECEDENT'S (Give kind of a life. Do NOT us	work done di	uring most	n t of workin	g	168	. KIND OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (0- 12	12)	College (1-4 or 5+)		minis						U.S. G	OTT to		
17. FATHER'S NAME (First, Mic	Idle, Lest)		110	III ZIII Z	Clace	T	18 MOTA	ED'S NAI		Middle, Maiden			
Samuel Beard	l							ie R			Surname)		
194. INFORMANT'S NAME (Ty)	pe/Print)			19b. MAILING	ADDRESS	(Street an				ber, City or Town	State Zin I	Cordel	
Jean Curtis													
20a, METNOD OF DISPOSITION AND	ON 3 3 Remo	oval from State	20b. PLAC	6408 63rd Avenue, Riverdale, Md. 20737  20b. PLACE AND DATE OF DISPOSITION (Name of Englisher), completely or other places of the Lincoln Cemetery, 03-24-92  Brentwood, maryland									
ALCENATURE OF FUNERAL		ENSEE A	rt.	LINCO									maryland
berk	13	Sroka	u.	)	FRA 473	NCI:	S GA	SCH* AVE	S''SO	NS FUN	ERAL	HOM MD	E, P.A. . 20781
23. PART I. Enter the dis	seemen, or c	omplications that co- lat only one cause	used the	deeth. Do n	not enter t	he mod	e of dyl	ng, such	aa cer	diac or reaple	ratory arre	at,	Approximate
IMMEDIATE CAUSE (Fine disease or condition resulting in death)		Cong	r. Ki	EOUENCE OF	1/2	EN.	+1	ali	cere				Interval Batween Onset and Death
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	lete IG	DUE TO (C	ASIA COM	> .	" Q	Jen 100	5 d	Jan	(cr	2			
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		DUE TO (DR	AS A COMS	EQUENTE OF	1	100							
PART II. Other algoliticen	t conditions	contributing to dec	th but not	resulting (	n the und	erlying	cause q	iven in F	Part I.	24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1   YES 2	FANO		OF DEATH?
									-				1 TES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26. Pl A	CE OF DE	EATN (Che	ck oats on	(a)			
EXAMINER?		HOSPITAL:	/Outpatlent	2 <b>%</b> 004	OTHER:								
27. MANNER OF DEATH		26e. DATE OF INJ	JRY	28b, TIM	4 Nursir	8c. INJUI	_			CRIBE NOW IN	BIRY OCCU	IDED	
	ending vestigation	(Month, Day, Y		INJI	M	WOR				CAIDE NOW IN		MED	
	ould not be stermined	28e. PLACE OF IN- building, atc.	JURY — At I (Specify)	nome, ferm, a	treet, factor	y, office			28t. LOC. City	ATtON (Street el or Town, State)	nd Number o	r Rural A	oute Number,
29e. CERTIFIER (Check only one) 2 MEOIG	YING PHYSIC	IAN: To the best of my	knowledge, o	death occurre	d at the tim	e, date e	nd place,	end due t	o the cau	end place, and	ner ee stated	l.	and manner se stated
29b. SIGNATURE AND TITLE O				PLy				NSE NUM		7	29d, DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF I	PERSON WHO	COMPLETED CAUSE O	C DEATH #=	FM OT C	200		y)	1-1	1 /	/	P 03	3-21	-92
		D., 7209 A					Crac	nho1	+ N	(awy1 am	4 205	770	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

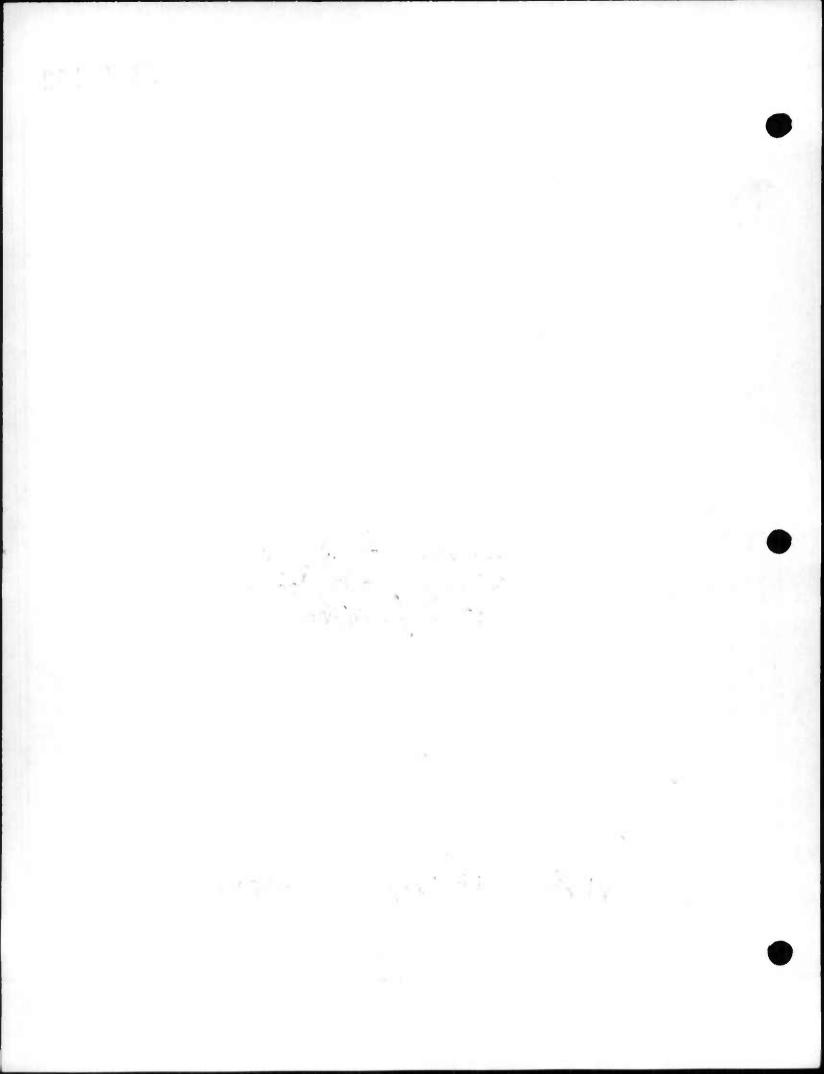
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) MAR 2 7

1992 Julia Savidson-Randale

DHMH-16 Rev 1/89

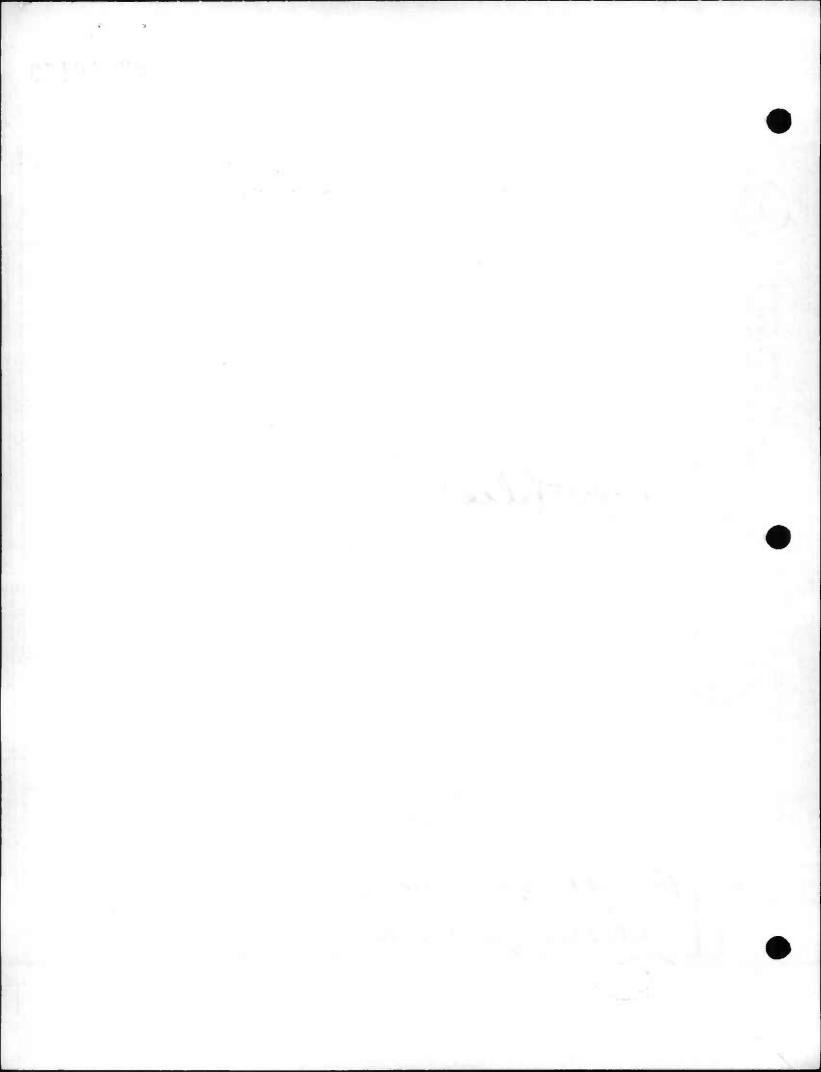


DHMH-16 Rev 1/89

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	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEAT	н
	Je	anene	M. Gil	son						Ma	rch 23	199	2 EAR	1730	м
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER		-	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Fo	reign
	579-94-5801		1 🗌 M 2 💢 F	34	YRS.	MONTHS	NONTHS DAYS HOURS MIN. Feb. 28,1958					958	Wash	ington,	D.C.
	Se. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCAT	ON OF DE				NTY OF D		
FUNERAL DIRECTOR	Calvert Me		Hospita	1		F	rin	ce Fı	reder	rick		Ca	alver	ct	
띮	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	10c. CITY, TOWN OR LOCATION 10d. INSID							10d. INSIDE CITY		
R	Maryland	Anne	Arunde1			othi								LIMITS?	
7	10e. STREET AND NUMBER					-0 -113		r. ZIP COD	E			10g. CIT	IZEN OF N	WHAT COUNTRY?	-
ER	Lot 79, L	yons (	Creek Mot	oile Hom	es			207	11				J.S.A		
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.	WAS DE	CENDENT (	OF HISPAN	IIC ORIGI	N? (Specify Yes	or No-	14. RAC	E — Americen India k, White, etc.	ın,
ВУР	1 Never Married 2 🔀 3 Widowed 4 Divo	AND COTATION		MAR OR DATES	NO			B 2 X NO			Rican, etc.)		Spec	White	
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COMPLETED	(Specify only	EDENT'S EDUC y highest grade	completed)	(0	ECEDENT'S Give kind of to b. Do NOT us	work done	during m	ON ost of world	ng	161	b. KIND OF BUS	INESS/IN	DUSTRY		
7	Elementary/Secondary (0	1-12)	College (1-4 or 5	+) ====================================	Cler						Retai1	Sto	re		
M	17. FATHER'S NAME (First, M	iddle, Last)			orei	K		18 MOT	HER'S NA	ME /Einst	Middle, Malden		716		
	Earl Park	er. Jr									A. Feri				
BE.	190. INFORMANT'S NAME (7)			19	Db. MAILING	AODRES	S (Street						o Codel	100000	
2	Nargaret P	adgett			7051	Ches	sape	ake A	Ave.I	2.0.	Box 583	Che	aryla esape	and20032 eake Bead	ch
	20a. METHOD OF DISPOSITE		comi from State	20b. PLACE	ANDDATE	OF DISPOS	SITION/N	ame of			TE 20c. LO				
	4 Donation 5 Other	(Specify)		Resu	rrect						92 Clir			ryland	
	21. SIGNATURE OF FUNERAL	L SERVICE LIE	ZY /			22.	GEO	ND ADDRE	SS OF FA	alas	Funera	1 H	me		
	Poeg	W	Tall	2)										Md.20745	5
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reshock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Death by hanging, Suicide  DUE TO (OR AS A CONSEQUENCE OF):							one of respir			Approxima interval Be Onset and	tween				
NO	Sequentially list conditi	ions,	D	OR AS A CONSE			10								
¥	If any, leading to immed cause. Enter UNDERLYI		_	abuse	OUENCE O	7):									- [
CERTIFICATION	CAUSE (Disease or inju that initiated events	ry S		(OR AS A CONSE	OUENCE O	F):									
F	resulting in death) LAS	т .	d												
	PART II. Other algnifica	nt condition	e contributing to	death but not	requising	in the u	adadula	2 22422	eluse Is	Dort I	24e. WAS AN		1 400		
MEDICAL			- continue ting to	Guatin Dat not	resulting	iii tiid di	Idailiyii	A canae	given in	rant I.	PERFOR	MED?	240	WERE AUTOPSY FIT MAILABLE PRIOR T COMPLETION OF C	TO
											t TYES 2	XNO		OF DEATH?	
- I														1 YES 2 N	10
Ä	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF D	EATH (Ch	ack only o	ne)				
Sic	EXAMINER?		HOSPITAL:	X ER/Outpatient	3 🗆 DOA	OTHE		ne 6 🗆 R	esidence	6 🗆 Oth	er (Specify)				
PHYSICIAN:		Pending	26s. DATE OF (Month, L		26b. TIM	-	26c. IN	JURY AT DRK? YES 2 [			SCRIBE HOW IP	JURY OC	CURED		
2 Accident investigation								r or Rural I	Route Number,						
		determined			_										
COMPLETED			CIAN: To the best of											e) end manner es at	ated.
BE C	29h. BIGNATURE AND TITLE	or destinate	'AA	,				29c. LIC	ENSE NUW	IBER		29d, CAT	SIGNED	(Month, Day, Year)	
임	20. NAME AND ADDRESS OF Emad R. Al	PERSON WHI Banna	о соменти сан а , МО Са	SE OF DEATH (ITE	em 27) (Type Medica	Print)	Pro	fess	iona	1 B1	do. Pr				
											-0		COLT	on, III.	
	31. DATE FILENMAN DO.	5" 1992	Juka	AR'S SIGNATURE	-Manda	الكال									



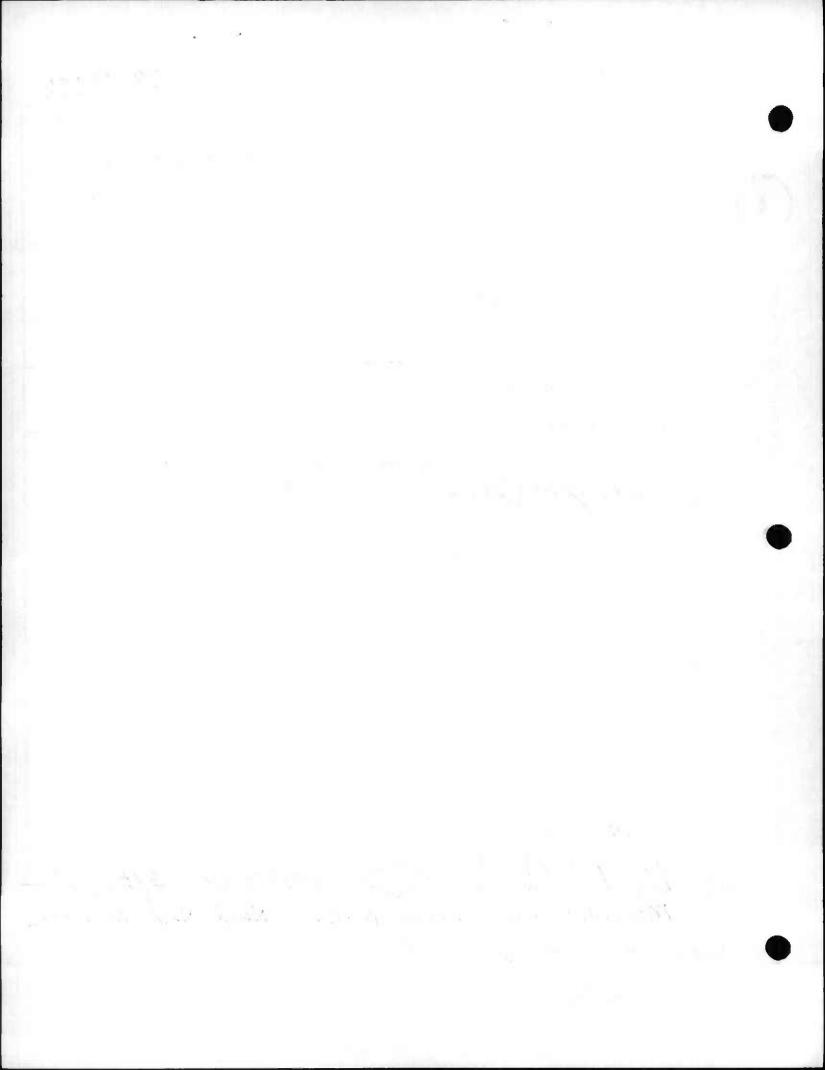


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. OR ATTENDING PH	DIRECTOR: After this hours after death with	Item 28 is marked
PITAL OR ATTENDING PI	ERAL DIRECTOR: After this 72 hours after death with	T. If Item 28 is marked
HOSPITAL OR ATTENDING PA	FUNERAL DIRECTOR: After this within 72 hours after death with	IANT: If Item 28 is marked
THE HOSPITAL OR ATTENDING PA	THE FUNERAL DIRECTOR: After this life within 72 hours after death with	ORTANT: If Item 28 is marked
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Debt, of Health and Mental Hydrele prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN REG. NO.
	CEPTIFICATE OF DEATH	

- 1	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
	Robert Ge	ene Ga	rringer							MONT	03	21	92	9:00A M
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	T-	IF UNDE			OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	299-16-59	911	1 ☐ M 2 ☐ F	66	YRS.	MONTHS	DAYS	HOURS	WIN.	12	1, Day, Year)	1925	Count	nio
	9a. FACILITY NAME (If not ins		treet and number)			9b, CITY	Y, TOWN	OR LOCATI	ON OF DE	ATH			INTY OF C	
5	NNMC Betl	hesda				Be	the	sda,	Mars	11and		Mo	ntor	omery
ธีไ	RESIDENCE OF DEC	EDENT							IIGI )	Lanc		110	mege	mer y
DIRECTOR	Maryland	Princ	e George	s		emple Hills								10d. INSIDE CITY XLIMITS? 1 YES 2 NO
A	10e. STREET AND NUMBER						1	of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
BY FUNERAL	5604 Holton	Lane						207	748				Ţ	JSA
5	11. MARITAL STATUS	_	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DE	CENDENT (	OF HISPAN	IIC ORIGIN	17 (Specify Yes	or No	14. RAC	E — American Indian,
7	1 Never Married 2   1		IF YES, OIVE Y	X YES 2				pecify Cubi			Ricen, etc.)			k, White, etc.
	32 Widowed 4 Divor	reed	WW II	- Kore	ea e			-						"Y White
<del>il</del>		EDENT'S EDUC		16a.	. DECEDENT'S (Give kind of	USUAL O	CCUPAT	ION	na .	16b	. KIND OF BUS	INESS/IN	DUSTRY	
<u></u>	Elementary/Secondary (0-	-	College (1-4 or 5	+)	life. Do NOT u	se retired.)	duming in	OUT OF WORK	79					
COMPLETED	2 7		2		Elect	rici	lan				Priv	ate		
<u> </u>	17. FATHER'S NAME (First, Mic							18. MOT	NER'S NA	ME (First, I	Middle, Malden	Sumame)		
BE	James B.	. Garr	inger					I	aye	M. K	earns			
	19a. INFORMANT'S NAME (Ty	pe/Print)			19b, MAJLING	ADDRES	S (Street	and Numbe	r or Rural F	Route Numi	ber, City or Town	n, State, Zi	p Code)	
2	Jacquelyn B	. Deli	.n		1113	Lawr	n Me	adow	Lane	e Al	len,	Cexas	3 75	5002
	20a. METHOD OF DISPOSITION		real from State		CE AND DATE			lame of		DAT	E 20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other		Over from State		cremetory or o			eters	, 3,	/24/	92 C1	ntor	n Ma	ryland
	21. SIONATURE OF FUNERAL	SERVICE US	ensee)	1	1			ND ADDRE		CILITY				II y Land
	23. PART I. Enter the die	gel	Sta	us	/			Fune						Maryland
	IMMEDIATE CAUSE (Find disease or condition resulting in death)	al	List only one can			car	icer							Interval Batween Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLY!	diate NG	DUE TO	(OR AS A CON	SEQUENCE O	F):								
ERTIFI	CAUSE (Disease or Injur that initiated events resulting in death) LAST		DUE TO	(OR AS A CON	SEOUENCE O	F):								
- 1	PART II. Other significan	nt condition	s contributing to	death but no	ot resulting	In the ur	nderlylr	ng cause	given in	Part I.	24s, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
DICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
											1 TYES 2	X NO		OF DEATH?
Σ										-				1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26 5	PLACE OF D	EATH (Ch	201 001 00	and a			
2	EXAMINER?		HOSPITAL:	EP/Outpation	2 🗆 🗅	OTHE	R:							
PHY	27. MANNER OF DEATN		28e. DATE OF		28b. TIN			JURY AT	esidenca		CRIBE NOW II	A HIBY OC	CUBED	
		Pending	(Month, E	Pay, Year)		JURY M	W	ORK? YES 2	NO	200. 020	OHIDE NOW II	100111 00	COMED	
5	2 October	nvestigation	28e. PLACE (	OF INJURY - A	t home, ferm,	street, fec			17227	281, LOC	ATION (Street a	nd Numbe	r or Rumi i	Soute Number
		Could not be letermined	building,	etc. (Specify)							or Town, State)			
۱ ۳	29a. CERTIFIER	IEVINO BNYCH	CIAN. To the best of			4 4 4			70.00		71. 64			
COMPLETED	anal		R: On the beat of e											s) and menner as stated.
O BE	296. SIGNATURE NO TITLE	U CENTIFIER	Carl	( 0	场			29c. LIC	ENSE NUN	BER 3	DC	29d. DAT	E SIGNED	(Month, Dev Your) 2
	30. NAME AND ADDRESS OF	PERSON WHO		_				\		1/1	10 1	lass	/	250 600
	31. DATE FILED (Month, Day, Y	rbar)	32. REGISTRA	AR'S SIGNATUR	E	m	1 . 1	<i>,</i>		And	~ ^	MAG	<u> </u>	neo Gr
		3 199	12 Jun	CAR AR'S SIGNATUR VALUED	on-Mano	lall								





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1		Verna

Verm Mary Hayden  1. The State of Mary State		1 - STATE REGISTRAR	SIMIE UF N				E OF			MENIAL H	TUIENI EG. NO.	E			
Verna Mary Hayden  1. Set School School 1   Set Spring										2, DATE OF D	EATH			3. TIME OF DEA	TH
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TO THE PART A SAME CONTROL OF THE PART OF			-		birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	-		1000			_
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St. Marry's Nursing Center  Leonardtown  St. Marry's Marching Center  Leonardtown  St. Marry's Marching Center  Leonardtown  St. Marry's Marching Center  Leonardtown  St. Marry's Mechanics Center  No. STREE COMMENT AND MARCH CENTER OF THE NOTE OF	- 1	211 /1 0001	41	0,7		9b. CIT	Y. TOWN D	R LOCATI	DN OF DI	1	, 1			4	
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Sequentially in the conditions, if any the content of the content	3EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	IDN						10d. INSIDE CIT	Υ
DE STORT AND NAMESS  DO 4 040 Three Notch Road  11. MATERIA SIRVES  11. MATERIA SIRVES  12. WAS DECODERT EVERTIA U.S. ANNERD  13. WAS DECODERT OF HISPANC ONGINET Classify the or No. 1. 1. MATERIA SIRVES  14. WAS DECODERT OF HISPANC ONGINET Classify the or No. 1. 1. MATERIA SIRVES  15. WAS DECODERT OF HISPANC ONGINET Classify the or No. 1. 1. MATERIA SIRVES  15. WAS DECODERT OF HISPANC ONGINET Classify the or No. 1. 1. MATERIA SIRVES  15. WAS DECODERT OF HISPANC ONGINET Classify the or No. 1. 1. MATERIA SIRVES  15. WAS DECODERT OF HISPANC ONGINET Classify the or No. 1. 1. MATERIA SIRVES  15. WAS DECODERT OF HISPANC ONGINETY  WILL SCA  16. WAS DECODER TO MATERIA SIRVES  16.	D	Maryland St.	Mary's		N	lecha	nics	vill	e						∭0
TO SUPPLY A DISCORDER OF EDUCATION PARK OF MAINT SUPPLY AND SUPPLY	AL						101	. ZIP COD	E			16g. CIT	IZEN DF V	WHAT COUNTRY?	
TO SUPPLY A DISCORDER OF EDUCATION PARK OF MAINT SUPPLY AND SUPPLY	ER	Box 4040 Three Not	ch Road					206	559				U.S.	Α.	
TO SUPPLY A DISCORDER OF EDUCATION PARK OF MAINT SUPPLY AND SUPPLY	S		12. WAS DECEDEN			13.	WAS DEC	ENDENT (	OF HISPAI	NIC DRIGIN? (Sp	ecify Yes	or No-	14. RACI	E — American Ind	lien,
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Topograph   Security   St.   Joseph   S.   Cemetery   St.   Joseph   S.   Cemetery   St.   Joseph   S.   Cemetery   St.   Joseph   S.   Cemetery   St.   Joseph   S.   Cemetery   St.   Joseph   Joseph   St.   Joseph   St.   Joseph   St.   Joseph   St.   Joseph   St.   Joseph   St.   Joseph   St.   Joseph   St.   Joseph   Joseph   Joseph   St.   Joseph	7	Nellie T. Hayden		В	Sox 4	040	Thre	e No	otch	Rd., M	lecha	nics	vill	e, Md.	20659
TOUR TO COME REPORT THE CONTROL LESSES   St. ANNE AND ADDRESS OF FACILITY   MATTLINGS OF FACILITY   MA		20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (N	ame of cer	netery, crev	matory or		20c. LO	CATION -	City or To	own, State	
MATT II. Other segretical conditions, it any leading to mendiated events resoluting in deeth). Do not enter the underlying cause given in Part I. Sec. Wed. An Autopay Federal Course. Enter VIDERITY that initiated events resoluting in deeth). LAST    DUB TO (on as a consequence or):			al from State			hle	Como	ters	7		Mor	raans	za N	farry] and	
Mattingely-Gardiner Funeral Home, P.A.  P.O. Box 270, Leonardtown, Maryland 20650  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one gards on each line.    MMEDIATE CAUSE (Fine CAUSE) (Fine Interval Between resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):    Sequentially list conditions, learner of the control of the consequence		21. SIGNATURE OF FUNERAL SERVICE LICES	няер			22.	NAME A	ND ADDRE	SS DF FA	CILITY		_		-	
23. PART  . Enter the diseases, or complications that guesd the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between abook, or heart feliure. List only one caption on each line.    MMEDIATE CAUSE (Final diseases or conditions, interval Between construction in death)   DUE TO (OR AS A CONSEQUENCE OF):		Mulant	22.0			Ma	attir	ngely	-GA1	diner	Fune	ral	Home	P.A.	
ABOUT TO DOM AS A CONSEQUENCE OF):    Sequentially list conditions, line and Death   DUE TO DOM AS A CONSEQUENCE OF):		as part Francisco	gerrae	ner	-ab - D -										
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290. David Federle, M.D., Leonardtown, Maryland 20650	MP	1	- 1											n) and manner as	stated.
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Nov. Print)  David Federle, M.D., Leonardtown, Maryland 20650	8		//		-			-			protest m			_	
David Federle, M.D., Leonardtown, Maryland 20650	BE	296. SIGNATURE AND THE CHITTING	d	mi	0		-	294. 09	54	198		29d. DA	TE SHOWER	Som Day No	d.
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31. DATE FILED/Month, Day, Your)  32. REGISTRAR'S SIGNATURE  Julia Davidson-Handard		31. DATE FILED (Month, Day, Year) APR 0 7 92	Sulia Da	undson-Han	dave			,							
		min V 1 UZ	CHANGE HA	La talania . P											

TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)			110	11		2. DATE OF DEATH	44	YEAR OF DEATH
		ELEN		1711			3-30-	42	7-000 PH
				IF UNDER 1 YEAR		MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (Stelle or Foreign Country)
	220-74-9274  9a. FACILITY NAME (If not institution, give street an	A 03	1710.	9b. CITY, TOW	N OB LOCATIO			908	Maryland
œ	St Machie	Hasnit	- 1	100	200	1-6	1.1.0	ST.	moris
6	RESIDENCE OF DECEDENT	1103711	01/	LEGI	juja	VUL	DII		11/443
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
	Maryland St. Mar	ry's	A	venue					1 TYES 2 NO
FUNERAL	10a. STREET AND NUMBER				10f. ZIP CODE	E		10g. CITIZ	EN OF WHAT COUNTRY?
N.	General Delivery  11. MARITAL STATUS  12. V				2060				S.A.
	1 Never Married 2 Merried	MAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	NO	If yes,	specify Cuba	n, Mexican,	C ORIGIN? (Specify Yea, Puerto Rican, atc.)	or No-	14. RACE — American Indian, Black, White, etc.
B	5 Widowed 4 Divorced	F YES, GIVE WAR OR DATES		101	ES 2 NO	Specify:			Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple		DECEDENT'S C	JSUAL OCCUP	ATION	n/7	18b. KIND OF BU	SINESS/INDU	STRY
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MP	11th Grade		Homer	naker		_	Home		
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8	William Martin  194, INFORMANT'S NAME (Type/Print)	Vallandingh		ADDRESS (C.)		ry	FVA (	GUV	
2	- interrese in passivities								
	Mary Alma Herbert	20b. PL A	CE AND DATE O			arlo	DATE 20c. LO	Mary I	and 20622 Hy or Town, State
	f ☐ Burial 2 ☐ Cremation 3 ☐ Removal for 4 ☐ Donation 5 ☐ Other (Specify)		red He			4	1		, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E		22. NAME	AND ADDRES	SS OF FAC	ILITY		
	Michael & Ma	udener							Home, P.A.
	23. PART I. Enter the disease, or compl	icetione that coused the	deeth. Do no						arvland 20650
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	TO THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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- STATE REGISTRAR		STATE OF N	TAKYLAND	ERTIF	TICAT	T OF H	DEAT	AND N TH		NO.		
1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEA	TH		3. TIME OF DEATH
		Villiam		anns						28 I	1992	8:15 AM
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. I		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRT (Month, Day, Yo		8. BIRTI	HPLACE (State or Foreign
200-16-3585		1 X M 2 D F	66	YRS.		1 1 1			Jan. 9	1926		nsylvania
Pa. FACILITY NAME (If not in					9b. CIT	Y, TOWN O	R LOCATIO	ON OF DEA	ATH	9c. CO	UNTY OF D	DEATH
4508 Sunflo	ower D	rive			R	lockv:	ille			Mont	gome	ry
Da. STATE	10b. COUNT	Y		10c, CIT	Y. TOWN	OR LOCATI	ON					10d. INSIDE CITY
Maryland		Montgomer	~77			ille						LIMITS?
. STREET AND NUMBER		nonegomen	. у	I	OCKV		ZIP CODE			40 - 00		1X YES 2 NO
4508 Sunf	Flower	Drive				1		853		100		WHAT COUNTRY?
. MARITAL STATUS	LIOWEL	12. WAS DECEDENT	T EVER IN U.S. A	RMEO	12	WAS DECS		<del></del>	C ORIGIN? (Speci		ISA	_
Never Married 2	Married		YES 2			If yes, spe	cify Cuba	n, Maxican.	, Puerto Rican, at	c.)	14, RAC Blac	E — American Indian, k, Whita, atc.
Widowed 4 Divo	rced	7				1 TYES	Z X NO	Specify:			Spec	White
15. DEC	EDENT'S EDU	JCATION WW11	16a. D	ECEDENT'S	USUAL C	CCUPATIO	N		16b. KIND O	F BUSINESS/IN	DUSTRY	
Elementary/Secondary (0	highest grade	College (1-4 or 5+	, "	Give kind of le. Do NOT u	se retired.)		t of workin	g				
1-12			´   '	Steam	fitt	er			Local	602		
FATHER'S NAME (First, Mi	iddle, Last)						18. MOTH	IER'S NAM	E (First, Middle, M	alden Sumame)		
Anthor	ıv Han	ns							la Orlos			
I. INFORMANT'S NAME (7)			1	9b. MAJLING	ADDRES	S (Street an			oute Number, City of		in Carta	
illiam A.	Hanne	Ir							cel, Md.		_	
. METHOD OF OISPOSITI	ON		20b. PLACE					Laui		-		
Burial 2 Crematio	n 3 🗌 Rem	oval from Stata	comotony or	ometon or o	these steers!			,		c. LOCATION —		
SIGNATURE OF FUNERAL		CENSEE/	Gale	OI H	eave	NAME AND	nete	ry 4	1-1-94	Silver	Spr	ing, Md.
4.	4	0/ 1/			H	ines	Rina	aldi	Funeral	Home		
( norus (	niu	Frant			1	1800	N.H.	. Ave	Silv	er Spr	ing.	Md. 20904
3. PART I. Enter the di	seases, or o	complications that	ceused the d	eath. Do i	not enter	the mod	a of dyle	ng, such	as cardiac or	respiratory ar	rest,	Approximata
MEDIATE CAUSE (Fin		List only one cour	se on each lin	0.								Interval Batwee
isease or condition	<b>→</b>	1115	101	[ ~	400							1/()
raditing in datatri)		DUE TO	OR AS CONSE	OUENCE O	F):							18110
		6.0										İ
equentially list condition in the condit		DUE TO (	OR AS A CONSE	QUENCE OF	F):							<del>-</del>
ause, Enter UNDERLYII AUSE (Disease or Injur	NG	C.										
nat initiated eventa		DUE TO (	OR AS A CONSE	OUENCE O	F):							
aulting in death) LAST		d										
APT II Other election	at condition											
ART II. Other significat	nt condition	s contributing to	daeth but not	resulting i	n the ur	nderlying	ceuse g	iven in P	art i. 24a. WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO
									_ 1 U YI	S 2 00		COMPLETION OF CAUSE OF DEATH?
										/		1 TES 2 NO
									_			
WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PLA	CE OF DE	ATH (Checi	k only one)			
1 TES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	OTHE!		5 X Res	idence 6	Other (Specify,			
MANNER OF DEATH		28a. DATE OF I	NJURY	26b. TIM	E OF	28c. INJU	RY AT		26d. DESCRIBE H		CURED	
	Pending Investigation	(Month, Day	y, 10 <i>mr)</i>	INJ	URY	WOR 1 YE	K?					
3 D Sulate	Could not be	26a. PLACE OF	INJURY — At he	ome, farm, a	treet, fact				281. LOCATION (SI	met and Numbe	or Burnt S	huste Alumbur
	letermined	building, a	tc. (Specify)						City or Town,	State)	or runar r	iodia riginioni,
CERTIFIER CERTI	EVINO BUTTO	CIAN. To di				_						
(Check only	CAL EVANIE	CIAN: To the best of m	ny knowledge, de	nath occurre	d at the t	lme, deta a	nd place,	and due to	the cause(s) and	l manner as ste	ted.	
	A		mination and/or	Investigatio	n, in my o	pinion, des	ith occure	d at the tir	me, data and plac	e, and due to ti	he cause(s	) and manner as stated.
SIGNATURE AND TITLE	OF CERTIFIER	1	011	n	^		29c. LICEI	NSE NUMB	ER	29d. DAT	E SIGNED	(Month, Day, Year)
Ken	nel	JI WI	Ul	01	70		V	536	86	<b>•</b>	2/2/	1/57
NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUSE	E OF DEATH (ITE	М 27) (Туре,	Print)		1	0.	\		1	1 10
of graf	hes.	d soll	1 Or	8111	V	( Nur	0	VK	No 1	1	Nr.	y imp 20
DATE FILED (Month, Day, Y	ber)	32. REGISTRAR	S SIGNATURE	Buch	-22	4.		111			- 11	)/1/2 04()
MAD 3	- 100	Suns	Davi	Mond	مالال							U /

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.		.0100			
	1. DECEDENT'S NAME (First, Middle, La	est)				2. DATE OF DEATH		3. TIME OF DEATH			
	WILMA F. HEC	1441 0	ESSIE WIL	MA HECK		MARCH 26,	1992	5:55 A. M			
3	4. SOCIAL SECURITY NUMBER	8. BIRTHPIACE (S. MONTHS) TYPER PURPER 24 MPS. 7. DATE OF BIRTH 8. BIRTHPIACE (S. COURTE) AND MONTHS TARKS MANUAL MALIES MANUAL									
	002-16-7969	002-16-7969									
DIRECTOR	10404 INWOOD AVENUE SILVER SPRING MONTGOMERY										
IRE	10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	MARYLAND MO	ONTGOMERY			SPRING			1 YES 2 NO			
FUNERAL	10404 INWOOD AT	TENITE		10t.	ZIP CODE			WHAT COUNTRY?			
NN I	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13 WAS DEC	20902	IC ORIGIN? (Specify Yea or	USA				
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	if yes, spe	cify Cuban, Maxican	, Puerto Rican, atc.)	Blec	E — American Indian, k, White, stc.			
) BY	3 X Widowed 4 Divorced			1 123	z Es NO Specify		Spec WI	HITE			
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECEDENT'S US (Give kind of wor	k done during mos	N st of working	16b. KIND OF BUSIN	ESS/INDUSTRY				
Z.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use r	retired.)							
MO	12. FATHER'S NAME (First, Middle, Last)		HOU	SEWIFE							
	ROY M. FLETO	סקטי				ME (First, Middle, Maiden Su	meme)				
BE	19a. INFORMANT'S NAME (Type/Print)	MEK	19h MAII ING AI	ODBESS (Street or		B. Sparks Oute Number, City or Town, 5					
2	ROY B. HECK	(SON)	10744 W					AND 20070			
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF	DISPOSITION (Nat		GAITHERSBUR	TION - City or T	wa State			
	1 Donation 5 Other (Specify)	amoval from State	ORLAND CE	METERY		3/28 CHAME	ERSBURG	Δ			
	21. SIGNATURE OF PUNERAL SERVICE	LICENSES		22. NAME AN	D ADDRESS OF FAC	TITY					
	Vinter	Ol Carobo	10			LINS FUNERA BLVD., W. S					
	23. PART I. Enter the diseases of	or complications that caused	the death. Do not	enter the mod	le of dying, such	as cardiac or respirat	ory arrest.	Approximate			
	IMMEDIATE CAUSE (Final	e. List only one cause on e	ach line.	a :	_/			Interval Between Onset and Death			
	disease or condition resulting in death)	. Came	unces	your	atour	anno	at	munto			
		OUB TO 198 AS I	OUNSEQUENCE OF	4.	1	1. 0	7	3			
NO	Sequentially list conditions,	· ////	usja	uc	rance	am wa	ene-	77197.			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF:		1/	Car	cura	4			
SE	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF:		V		000				
E	resulting in death) LAST	2	NOTICE STATE OF J.								
		. d.						+			
¥.	PART II. Other significant conditi	ons contributing to death b	ut not reaulting in t	the underlying	cauae given in F	Part I. 24s. WAS AN AUT PERFORME		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă						1 TYES 2 [	3395	COMPLETION OF CAUSE OF DEATH?			
×						_		1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	-	-16.								
ᅙ	EXAMINER?	HOSPITAL	4.10	THER:	CE OF DEATH (Choc						
¥	† ☐ YES 2 ☐ NO 27. MANBER OF DEATH	1 □ Impetient 2 □ ER/Outp	attent DA 4	Mursing Home	5 Residence 6	Marie and Administration of the Contract of th					
	1 Natural 5 Pending	(Month, Day, Year)	MJUR	WOR		28d. DESCRIBE HOW INJU	HY OCCURED				
à	2 Accident Investigation 3 Suitide 5 Could not b	28s. PLACE OF INJUSTY	At home, farm, stre-			281, LOCATION (Styper and	Number or Street I	- None			
Ĭ	4 Could not b	building, etc. (Sizec)	ah)			City or Town, State)	recommend or recommend	Chile Humber,			
COMPLETED	29a. CERTIFIER , KERTIFYING PHY	VSICIAN: To the heat of the knowl	ladas danth sassend								
ž I	Greek and	YSICIAN: To the best of my knowl HETT: On the basis of examination	and/or investigation. I	n my opinion de	ind place, and due to ath occurred at the ti	o the cause(a) and manner	an stated.				
	290 SIGNATURE AND TUTLE OF CERTIF										
8	(AVA.	#11	a.a.	1110	29c. LICENSE NUME	(1)	DATE SIGNED	Moin Out 100			
2	30. NAME AND ADDRESS OF PERSON Y	THO COMPLETED CAUSE OF DE	ATH_(ITEM 27) (Type Pri	JUVI	PHI	10	3/1	6/90			
	ALAN 1. KER	EMALER N	113 10	313 GE	SORFIA	AVE S.	5. N	1320902			
	MAR 30 '92	Julia Savidon	anderder								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, equirs after death. Page 6 may be retained by the hospital or attending physician.

TO THE RINERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- 1	1. DECEDENT'S NAME (First	, Middle, Last)									2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
	Marianne Gillila					Hern	don					14	92	10 "	
	4. SOCIAL SECURITY NUMI		5. SEX 6. AGE (In yrs. last			IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH		Count	BIRTHPLACE (Stale or Foreign Country)	
	215-50-491		1 🗆 M 2 💢 F	71	YRS.					March	15, 1	921	Maryland		
or I	9a. FACILITY NAME (If not institution, give street and number)							R LOCATIO	ON OF DE	ATH			COUNTY OF DEATH		
DIRECTOR	Fernwood House					8	ethe	saa				Mon	tgon	nery	
EC	10a. STATE 10b. COUNTY					Y, TOWN C	R LOCAT	ION						10d, INSIDE CITY	
	Maryland Montgomery					hevy	Cha	se						1   YES 2   NO	
AL	10e. STREET AND NUMBER					10f. ZIP CODE					10g. CITIZEN			WNAT COUNTRY?	
ER	4620 North Park Avenue, #106E					20					0815 Unit			States	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES					D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecify Cuban, Maxican, Puerto Rican, etc.)  1 □ YES 2 (X NO Specify:					or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. My: White		
8		CEDENT'S ED		16a, D	ECEDENT'S	USUAL O	CCUPATIO	N et of workin		16b	KIND OF BUS	INESS/IN	DUSTRY		
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)  5+			+) #	(Give kind of work done during most of working life. Do NOT use retired.)  eacher / Composer					P	iano /	' Mus	ic		
OM	17. FATHER'S NAME (First, A	Aiddle, Last)							HER'S NA		Viddle, Maiden				
EC	Carl Gler	nn Gil	liland							Bonn					
) BE	19a, INFORMANT'S NAME (	Type/Print)		1	19b. MAILING	ADDRESS	S (Street a	nd Number	or Rural	Route Numi	ber, City or Town	n, State, Zi	n Code)		
2	Carol Herno	don I.	Martin		7608	8 Savannah Drive, Bethesda, MD 20817							L7		
	1 Rurial 2 D Cremation 3 Demonstrom State other pla					oisposition (Name of cemetery, cremetory or an Crematory						Silver Spring, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22.	NAME A	ID ADDRES					1.	3,	
	· Elle	ny	U. Ro	pp							ices, Silver			MD 20910	
CERTIFICATION	ahock, or heart fellure. Liet only one cause on each line.  Interval Between Onset and Death of the disease or condition resulting in death)  Brain Turner  Brain Conset and Death of Mo  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):														
	d														
: MEDICAL								PERFOR	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 X NO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	4 A Nur	R: aing Hon	e 6 🗆 Ra	aldence	6 🗆 Othe	r (Spectfy)				
Y PHYSICIAN:	27. MANNER OF DEATH	Pending		F INJURY Day, Year)	28b. TIN	-	28c. IN.			Y	CRIBE HOW I	NJURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office Duilding, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,						
COMPLETED	1		SICIAN: To the best of											a) and manner as stated.	
BE	29b. SIGNATURE AND TITL	E OF CERTIFI	Programme 1.	luc	/			29c. LICI	ENSE NU		-00			D (Month, Day, Year) 24, 1992	
5	30. NAME AND ADDRESS O			SE OF DEATH (IT	TEM 27) (Type	, Print)		. 10		7				,	
	Jack P. S	egal,	M. D.,		5530	Wisc	onsi	n Av	enue	e,#50	5, Che	evy (	Chase	e, MD 20815	
	31. DATE FILED (Month, Dey,		Per Par	AR'S SIGNATURE	delle						,				
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	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)  Thomas Clayton Homiller  2. DATE OF DEATH MONTH MONTH MARCH 23, 1992 YEAR 2. DATE OF DEATH MONTH MONTH MONTH MARCH 23, 1992										
	4. SOCIAL SECURITY NUMBER 577 05 0277	5. SEX 6. AGE	(In yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 12,1	a, BIR	11:10 PM M THPLACE (State or Foreign noty) aryland			
TOR	90. FACILITY NAME (If not institution, give 612 Overhill Dr:		ater	THE SECURITY OF SEATT							
DIRECTOR	10a. STATE 10b. COUN	Arundel		, TOWN OR LOCAT	own or Location 1						
FUNERAL	100 STREET AND NUMBER 612 Overhill Dr:	101	101, ZIP CODE 10g. CITIZEN OF WHAT CO United Sta								
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 □ YES 2 ★ NO Specify: White								
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT us	ork done during mo e retired.)	done during most of working						
ш	17. FATHER'S NAME (First, Middle, Last) Thomas C.	Homiller	110010 car	ic vice		ME (First, Middle, Maiden		ement Co.			
TO B											
	20b. PLACE AND DATE OF DISPOSITION  1 M Buriel 2 Cremetton 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SELECT LICENSE  M00689  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, granted of of place) Darines town 3/27/192  20c. LOCATION — City or Town, State  Darnestown, Maryland  21. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda—Chevy Chase, Inc. 7557  Wisconsin Avenue, Bethesda, Md. 20814										
CERTIFICATION	23. PART Leavy the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line.  Approximate interval Batween Onset and Death disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
MEDICAL	PART II. Other aignificant condition	ona contributing to death t	ut not resulting in	n the undarlying	he Undarlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO DF D						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO	HOSPITAL:		OTHER:	ACE OF DEATH (Che						
ву рну	27. MANNER OF DEATH  1 S Natural 5 Pending 2 Accident Investigation	SER-DATE OF INJURY (Month, Day May)	286. TIME INJU	OF 28c. INJU	JRY AT	284. DESCRIBE HOW IF	NJURY OCCURED				
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one)  1 X CERTIFYING PHYSICAL EXAMIN	SICIAN: To the best of my know IER: On the basis of exemination	ledge, death occurred a and/or investigation	at the time, dete	end place, and due	to the cause(s) and men time, data and place, and	ner an ateted.	(s) and menner se stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NUM	DER 768		D (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON W William A. Dabbs	laryland	and 21401								
	31. DATE FILED (MONTH, Day, Year) MAR 27 '92	32. REGISTRAR'S SIGN	ATURE And DO								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
24 hours	filled in ion, or re	the med	
d within	I, cremati	event, t	
te be execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filled within 72 hours after death with the State Dept, of Health and Mental Myslene prior to burial, cremation, or removal.	traumatic	
certifical	Hygiene (	r other	
the death	the atter	Injury, o	
res that	igned by ealth and	rs any	
aw requi	s been s	3 show	
W. The	ficate ha	Item 2	
PHYSICIA	this certi	ked, or	
ENDING	R: After er death	is mai	
OR ATT	DIRECTO hours aft	item 28	
HOSPITAL	UNERAL VITHIN 72	ANT: IL	
TO THE	De filed *	IMPORT	

	FOR STATE REGISTRAR		STATE OF MA	ARYLAND	/ DEPAR	TMENT	OF H	EALTH	AND	MENT	AL HYGIEN		92	10171
	1. DECEDENT'S NAME (FIRST A) 6	tre		me	Kan	no				Mon	TE OF DEATH	3	gear 95	3. TIME OF DEATH
	230-05-055510420F 73			YRS.	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	(Ma	7. DATE OF BIRTH (Month, Day, Year) 3-16-(9		Balto.		
DIRECTOR	90. FACILITY NAME (If not institution, give street and number) Stella Maris Hospice RESIDENCE OF DECEDENT					95. CITY, TOWN OR LOCATION OF DEATH TOWSON					% COUNTY OF DEATH Baltimore			
T C	10e. STATE	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
	Maryland Howard  100. STREET AND NUMBER			Co1	Columbia					10g. CITIZEN OF WH			LIMITS?	
	10799 Hickor	y Ridg	ge, Apt. 1	.03E	21044								U.S.A	
DI LONEDAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES? 1 W.S. AR FORCES? 1 YES 2 FORCES. 1 YES 2 FORCES YES 2 FORCES. 1 YES 2 FORCES YES				RMEO NO	MEO 13. WAS DECENDENT OF HISPANIC				m, Puerto	IIC ORIGIN? (Specify Yea or No — 14. RAC Biac			- American Indian, White, etc.
	(Specify only highest grade completed)  (Giller Elementary/Secondary (0-12)  College (1-4 or 5 +)				ECEDENT'S USUAL OCCUPATION like kind of work done during most of working . Do NOT use retired.)						b. KIND OF BUS		DUSTRY	
	17. FATHER'S NAME (First, M	licicila Last)		Ac	count	ant	_				Accoun			
	Albert C.	Heine	ekamp					Ma	ary (	C. D	Middle, Meiden	ty		
			kama			G ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)								
	20s. METHOO OF DISPOSITION 20b. PLACE				ANDDATEC	0799 Hickory Radge R					TE 20c. LO	CATION -	City or Town	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACIL.								/23/	92 Ba	Lto, N	íd.			
	> Han	4 21		Le.		HA 41	RRY	H.	WITZ	ZKE mb1	FUNERAL	E111c	ott (	City,Md.21
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	s. Can	eused the deeth. Do not enter the mode of dying, such as cardiac or respi on each line.						ratory sr	rest,	Approximate Interval Between Onset and Death			
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.													
	PART II. Other significent conditions contributing to deeth but not re					sulting in the underlying ceuse given in Part					24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 VAO		0	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:	NG:		OTHER:			EATH (Che					
	27. MANNER OF DEATH	Pending	1 Inpatient 2 E	JURY	28b. TIME	JRY	e. INJU	RY AT			er (Specify) SCRIBE HOW IN	HOSP		
1   Matural   5   Pending							nd Number	or Rural Rou	ite Number,					
	29e. CERTIFIER (Check only one) 1 CERT	IFYING PHYSIC	CIAN: To the beat of m	y knowledge, d	eath occurre	d at the time	, date	and place	, end due	to the ca	ruse(e) end men	ner ee stat	ed.	and manner on stated
	2 MEGICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the  29b. SIGNATURE AND TITLE OF CERTIFIER  29d. DATE:  D 27087  29d. DATE:									fonth, Day, Year)				
	30. NAME AND ADDRESS OF Carla S. Ale	exander	COMPLETED CAUSE	of DEATH (ITE	Maris	Print) Hospi	ice	-Dul	anev	Val	lev Rd	To	wson	21204
	Carla S. Alexander, M.DStella Maris Hospice-Dulaney Valley RdTowson 21204  31. DATE FILED (MORTAL POLICY DE LA PROJECTION													

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Accompanie description

Albert C. Belnekans dary C. Bougherty

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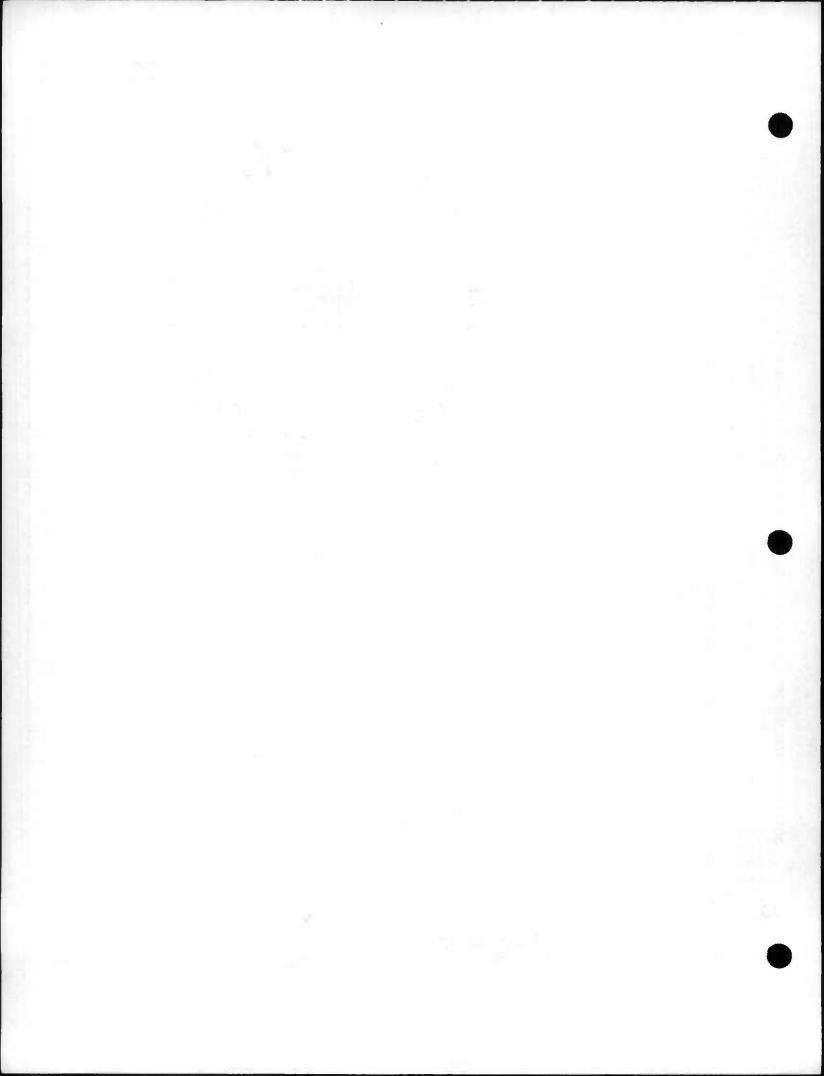
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TO BE COMPLETED BY FUNERAL DIRECTOR

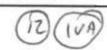
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA			MENTAL HYGI		
1. DECEDENT'S NAME (First, Middle, Last) Helen Pa			Ē-	2. DATE OF DEAT MONTH March	н	year 92 4 pm M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH		BIRTNPLACE (State or Foreign
220 44 9390	1 - M 2 - F 92		NTHS DAYS	HOURS MIN.	(Month, Day, Yes June 26		Country) Maryland
9a. FACILITY NAME (If not institution, give st		_	b. CITY, TOWN C	R LOCATION OF OE			TY OF DEATH
4875 Adelina R	oađ		Prin	ce Fred	erick	Cai	lvert
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		I to OTTY T					
			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
Maryland   Calv	rert	Princ		derick		100 01717	1 ☐ YES 2 € NO EN OF WHAT COUNTRY?
	1				log. Citizi		
4875 Adelina R	12. WAS DECEDENT EVER I	NIIS ADMED		20678 Endent of Nispan	IC OBIGIN2 (Specif	y Van or No	USA
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	cify Cuban, Mexican	n, Puarto Rican, etc	L)	14. RACE — American Indian, Black, White, etc.
3 😾 Widowed 4 🗌 Olvorced	IF 1ES, GIVE WAR OR D	WIES	1 1 123	2 NO Specify			specify: white
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US	UAL OCCUPATION	ON at all condition	16b. KIND O	F BUSINESS/INDU	JSTRY
Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	(Give kind of work		st of working		1	1
	4	housew	ire			homema	aker
17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Mi	aiden Surname)	
John Parran	,			E11a	Mae Mai	sh	
19a. INFOf ANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street a	nd Number or Rural F	Route Number, City o	r Town, State, Zip (	Code)
Young D. Hance		same	as #	1.0			
20a. METNOD OF DISPOSITION 1 ☐ Burlal 2 🂢 Cremation 3 ☐ Ram	coret from State	b. PLACE OF DISPOSITI					Ity or Town, Stata
4 Donation 5 Other (Specify)	M	etropoli	tan F	uneral	Service	eAlexar	ndria Virgin
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			ID ADDRESS OF FA	Dance	sch Fu	neral Home
D. Kaus	2		14463	land Broome	s Islar	nd Rd.	Port Republ:
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	rica	ifar cardio	rasci	lar useus	onset and Death minute many years
PART II. Other significant condition  Anemia  Thromboc	as contributing to death		the underlyin	g cause given in	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Out		OTHER:	ne 5 🗆 Rasidenca	Other (Specify	Hom	2
27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. IN.	JURY AT DRK?	/	IOW INJURY OCC	CURED
1 Natural 5 Pending Investigation	(month, bay, idea)			YES 2 NO			
3 Suicide 6 Could not be determined	Ica 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
contact only	ICIAN: To the best of my know						ed, e cause(a) and manner as stated.
296. SIGRATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE	E SIGNED (Month, Day, Year)
Susan H.	Proute	, no		D25	731	<b>▶</b> 3	3/30/92
SUCAN H Drouge		40			1	670	
Susan H. Prout			aerick	, mary	land 20	678	
MAR 3 1 1992	32. REGISTRAP'S SIG	-Nastaran					



CORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to-filed within 72 hours after death with the State Debt, of Health and Mental Hydione prior to burial cremation or remand	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Deot, of Health and Mental Hydlene prior to burial, cremation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other

	REGISTRAR		CERTIFIC	ATE OF	DEATH	F	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	1000	3. TIME OF DEATH			
	John Harold		MONTH Z	DAY	YEAR	6:20	Рм					
	4. SOCIAL SECURITY NUMBER		in yrs. lest birthday) III	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	23 BIRTH	9.2	IPLACE (State or Forei			
	216-18-0799	₩2 ☐ F	YRS. MC	ONTHS DAYS	HOURS MIN.	(Month, De	ny, Ybar)	Countr	γ)	y		
	9a. FACILITY NAME (If not institution, give s	4444	94	- CITY TOWN OF	LOCATION OF DE	4	22 21	COUNTY OF D	yland			
œ						ATH	9c.	COUNTY OF D	EATN			
2	PRINCE GEORGES	MUSPITAL		CHEV	ERLY			PG				
DIRECTOR	10a. STATE 10b. COUNT	Y	10c, CITY, T	OWN OR LOCATION	ON				10d. INSIDE CITY	_		
E I	Maryland Prin	ce George's	Bron	ntwood					LIMITS?			
	10e. STREET AND NUMBER	ce deorge 3	Diei		ZIP CODE		100	tX YES 2 ☐ NO	9			
RA	4142 Bunker Hill	Dood		101.								
FUNERAL	11. MARITAL STATUS		2072			U.S.						
5	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	S. ARMED  13. WAS DECENDENT OF NISPANI 2 NO  14 yes, specify Cuban, Maxican,				14. RACE Bleck	- American Indian, , White, etc.	,		
BY	3 🕅 Widowed 4 🗌 Divorced	Peacetime	ITES	1 TYES	NO Specify	e.		Speci	fy:			
	15. DECEDENT'S EDU		Mr. OFOFOFUTIO HO	1111 00001017101		T			White	2		
	(Specify only highest grade	completed)	(Give kind of work	k done during most etired.)	of working	16b. KIN	ID OF BUSINES	S/INDUSTRY				
21	Elementary/Secondary (0-12)	College (1-4 or 5+	Auto In			۸.,	4- 1/1					
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)	0	Auto II	luustiy			to Mec					
8	John H. Hayden,	Cm		le, Malden Surna	me)							
BE		31.			Helen 1							
2	19a. INFORMANT'S NAME (Type/Print)				d Number or Rural F							
	Mary e. Simmons		8569 Gr	eenbelt	Road,#							
	1 METHOD OF DISPOSITION 1 Method 2 Cremetton 3 Rem	oval from State	PLACE AND DATE OF D stery, crematory or other	minosi		1	20c. LOCATIO					
- 1	Maryland State Vets. Cem. 03/26/92 Cheltenham, Maryland											
- 1	21. SIGNATURE OF FUNERAL SERVICE ER	efset /		22. NAME AND	ADDRESS OF FAC	CILITY						
	· Mich M	Situal			Gasch							
	23. PART I. Enter the diseases, or	complications that caused	the deeth. Do not	enter the mod	a of dylon such	Ave.,	Hyacts	sville.	MD 2078			
j	shock, or heart fellure.	List only one cause on er	sch line.		, , , , , , , , , , , , , , , , , , , ,		or respirator	, arroar,	Interval Betv	ween		
1	IMMEDIATE CAUSE (Final disease or condition	Breen a	o. H.						Onset and D			
H	resulting in death)		Lzyh	1								
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions,  If any leading to immediate  Due to (or As a consequence of):									/		
AT	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury That initiated quarts  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									0.		
윤	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF:	14	7-1-1					9		
E	resulting in desth) LAST				Tordere				4 wee			
8	resulting in desth) LAST  Atherofelerates viruler clesease											
	PART II. Other significant condition					Part 1. 24s	. WAS AN AUTO		WERE AUTOPSY FIND			
DICAL	counte myour	tery distad	e. 4 w	celo 10.	+		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAU			
	courte advenue	eles wheat				—   ''	_ TES 2 _ N	"	OF DEATH?			
. ME		79,000,0				-			1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 Pt A	CE OF DEATH (Che	ock only one)						
22	EXAMINER?	HOSPITAC:		THER:						$\dashv$		
¥	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME O		5 Residence		BE NOW INJURY	COCCUPEO				
	1 Heturel 5 Pending	(Month, Day, Year)	INJUR	Y WOR	K? NO	zou. OLGCIA	BE NOW INSUN	OCCOREO				
В	2 Accident Investigation	28s. PLACE OF INJURY	— At home form etc.		3 2 NO	201 1 0 0 1 7 1 0				_		
	3 Suicide 8 Could not be 4 Nomicide determined	building, atc. (Spec	fy)	et, lactory, bilica		City or To	N (Street and Nu wn, State)	moer or Hural F	loute Number,	T I		
<u>u</u>												
COMPLETED		CIAN: To the best of my knowl										
9	one) 2 MEDICAL EXAMINE	R: On the basis of examination										
<u></u>	296. SIGNATURE AND POLE OF AFFINE PROPERTY OF AFFINE PROPERTY OF A SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Shister MD Row Creen way Ch D. Green fell drd Lo77.  31. DATE FILED (Month, Day, 1982)  MAR 27 1992  32. RECORDINATE SUBMETURE  MAR 27 1992									$\neg$		
0	1 plules				D 22	700	<b>&gt;</b>	3/2	7/90			
2	30. NAME AND AGORESS OF PERSON WN	O COMPLETEO CAUSE OF DE	TN (ITEM 27) (Type, Pri	int)	-		- 1	-1	7.	=		
	P Schisiler	MO TEVO	Coreer	in Chr	a.	Cree.	lels	drd	60770			
	31. DATE FILED (Month, Day, Yogr)	32. REGISTRAN'S SHINI	מין אוועדו	1			- 200		-1150			
	MAR 27 199	2 gulia Dav	doon-Manael	6								



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	1 - STATE REGISTRAR	OHIL OF IN	CE	RTIF			DEATH	MENIAL	REG. NO	).			
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE O	F OEATH	MY	YEAR	3. TIME OF OEATH	
	Eugene Grant	HAWKINS						03			1992	9:26A W	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6.							8. BIRTH	IPLACE (State or Foreign			
	578-52-2963	XXM 2 DF	53	YRS.	MONTHS	DAYS	HOURS MIN.	Oct	.16,	193	was.	Mington, DC	
	Se. FACILITY NAME (If not institution, give						R LOCATION OF DE				UNTY OF D		
8	Doctors Commun	ity Hosp	ital		La	nhar	n, Mary	land		Pr:	ince	George's	
ទួ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY												
DIRECTOR		ce Georg	2 9		ham	OR LOCAL	ION					10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	00 0016	, 0 0	2,00		101	ZIP CODE			1 100 C	TIZEN OF Y	THE YES 2 NO	
FUNERAL	6511 Greenfield Court 20706								U.S.A.				
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 N	MED IO		If yes, sp	ENOENT OF HISPAN ecify Cuben, Mexica 2/ NO Specify	NIC ORIGIN? (Specify Yea or No—  14. RACE — American Indian, Black, Whita, etc.  Specify:Black				k, Whita, etc.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDU									NDUSTRY				
	X Elementahi/Secondary (0-12)	College (1-4 or 5 +)	lile.	Boiler Engineer					a		_	a .	
ğ	grad-12		B01	Ller	En	gine	eer	ν.	J. G	ove	cnme	nt	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	~					18. MOTHER'S NA						
H	William Hawkin	s, Sr.					Gladys						
2	190. INFORMANT'S NAME (Type/Print)  Myrtis Hawkins  190. Mailing Address (Street and Number or Rural 6511 Greenfield Ct							Route Number, City or Town, State, Zip Code)					
	204 METHOD OF DISPOSITION		20b. PLACE	ND OATE	OF DISPOS	SITION (Na	me of	DATE	20c. LC	CATION -	- City or To	own, Stata	
A Buriel 2 Cremation 3 Ramoval from Stata  4 Donation 6 Other (Specify)								, Br	entw	ood.MD.			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TY											Dig		
	▶ Charles <.	Sliggs,	di.		49	906	Iverso						
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrent, shock, or heart failure. List only one cause on sech line.									rreat,	Approximata			
	IMMEDIATE CAUSE (Final	List only one cause	e on aech line									Onset and Daath	
	disease or condition resulting in death)  a. VENTRICULAR FIRKILLATION. MINUTES												
O	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  M. OVE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING											10-10-	
띮	CAUSE (Disease or Injury that Initiated events	c. CORC	OR AS A CONSEC	DUENCE O	F):	YC	r bir 4	D)	20	321	h-	TEALS	
	resulting in deeth) LAST	4											
	DARK III OAL - I - III - A - III			11.72									
DICAL	PART II. Other aignificent condition	na contributing to d	eeth but not r	esulting	In the ur	nderlying	g ceuse given in	Part I.	24a, WAS AN PERFO		Y 246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
								_	1 TES	2   NO		COMPLETION OF CAUSE OF DEATH?	
¥					· many pt							1 TES 2 NO	
ÿ						_							
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF OEATH (Ch	eck only one)					
YS	1 TYES 2 THO		ER/Outpatient 3	□ DOA			e 5 🗆 Rasidenca	6 🗆 Other	(Specify)				
H	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF the (Month, Day,		26b. TIN	IE OF JURY	26c. INJ WO	URY AT RK?	28d. DESC	RIBE HOW	INJURY O	CCUREO		
à l	2 Accident Investigation				M		rES 2 NO						
COMPLETED	3 Suicide 8 Could not ba 4 Homicide datarmined	28s. PLACE OF building, et	INJURY — At hor ic. (Specify)	me, farm,	street, fac	tory, offic			ION (Street Town, State		er or Rural F	Route Number,	
밀	29a. CERTIFIER (Check only	SICIAN: To the best of m	ry knowledge, de	eth occurr	ed at the t	tima, data	and place, and due	to the caus	e(a) and ma	riner as s	tsted.		
8												) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE	IR .					29c. LICENSE NUM	ABER		29d. C/	TE SIGNED	(Month, Day, Year)	
86	1/120		_				D-3106			B.		21,1992	
임	DE MAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (ITE	W 27) (Type	(Print)								
	Dr. George H.	Bone, 9	602 F.	Ma	rtir	ı Lu	ther K	ing,	Jr.	Hwy.	,Lar	nham,MD.	
	MAR 2 3 199	2 32. REGISTRAR	Davidson-	Mande	182								

 $e = e = g \cdot d = g \cdot g = g = g$ 

1 -	FOR STATE REGISTRAR
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

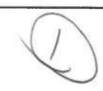
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

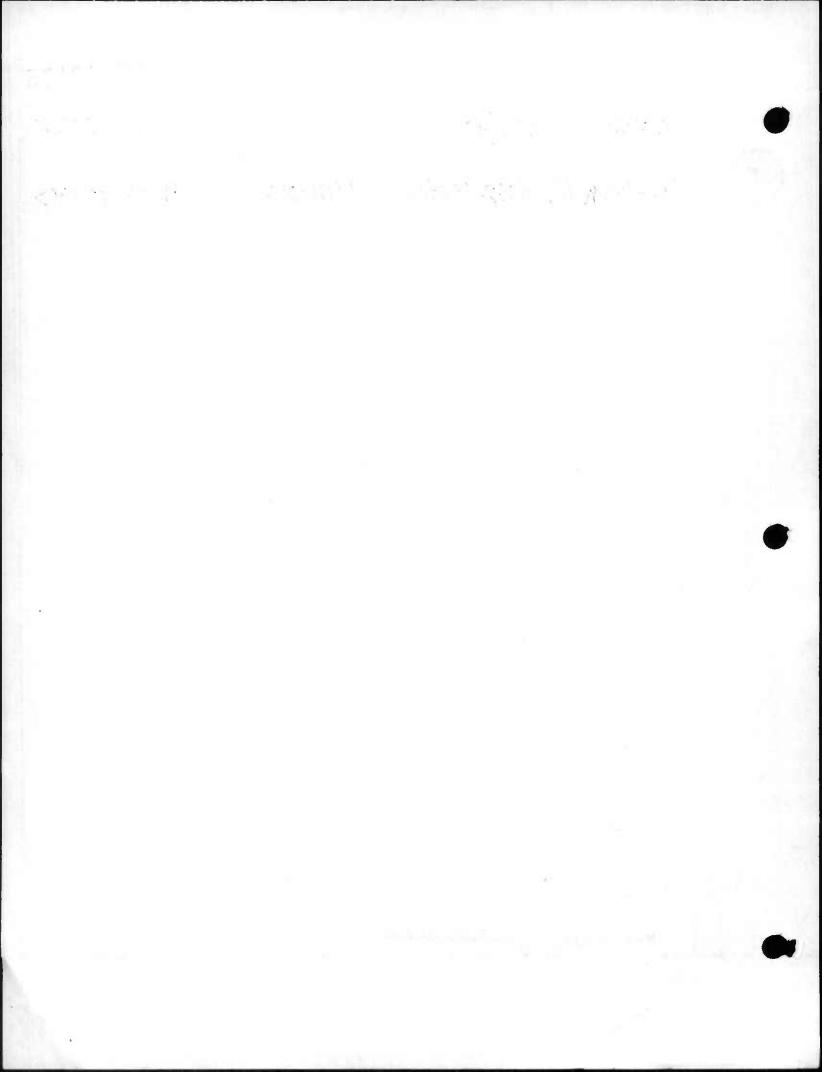
BALTIMORE, MARYLAND 21215-0020

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	JANE OF MARINE	CERTIFIC		DEATH	MEHIAL	REG. NO	).		
1. DECEMENT'S NAME (First, Middle, Last)	Hodge			2	2. DATE	OF DEATH	79	975	3. TIME OF DEATH  12:70P M
Air to a to	SEX 6. AGE (		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	, Day, Year)	12	8. BIRTN	PLACE (State or Foreign
So. FACILITY NAME (If not institution, give street			b. CITY, TOWN	OR LOCATION OF D	0	2-1	90,00	UNTY OF D	EATN DE LA
RESIDENCE OF DECEDENT  100. STATE  100. CDUNTY	408h. CC	10c CITY	TOWN OR LOC	TION				nce	10d. INSIDE CITY
MD P.G		Uc	per	Mar	160	010			1 YES 2 NO
12512 WA//a	ce Lan	e	1	2017°	2		10g. CI	life(	States
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO						es or No-	14. RACE Black Speci	
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ON spleted) college (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done durina n		16b.	KIND OF BU	JSINESS/IP	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)		FARM	er	18. MOTNER'S N	T AME (First A	rive	rte		
Henry Hode	70			Alic	e.	Ker	1		
Sarah Broot	15	196. MAILING A	2 M	end Number or Rural	, lan	ie, city or to	on, State, 2	ip Code)	Aboro, Mc.
20a. METHOD OF DISPOSITION  1		PLACE AND DATE OF elery crothe		meler 1	3/29	1/92 C	CATION -	City of To	er boro, 1
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	(-)	22. NAME /	IND ADDRESS OF F	ACILITY X	tacky	50	200	arts
23. PART I. Enter the diseases, Dr com	pilications that coused	the deeth. Do not	2/6	ode of dying, au	ch aa cerd	Iac or read	oiratory a	////	Approximate
#MMEDIATE CAUSE (Final disease or condition resulting in death)	Cardence	0 1	ythm	a					Interval Between Onset and Death
Sequentially list conditions,	Chronic DUE TO (OR AS A	CONGES CONSEQUENCE OF ):	tive /	reart f	ailui	re			
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Hyperte DUE TO (OR AS A	CONSEQUENCE OF):	Egral	omyop	othy	/			•
resulting in death) LAST	Chronic	Renal	Fai	lure					-
PART II. Other aignificant conditions of	ontributing to death b	ut not resulting in	the underlyi	ng ceuse given in	Part i.	24a. WAS AI PERFO	RMED?	7 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
·									OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			LACE OF DEATH (C	heck only one	0)			
1 TYES 2 PNO	☐ Inpetient 2 ☐ ER/Outp	atient 3 DOA 4		me 5 🗆 Residence	6 🗆 Other	(Specify)			
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (	N A	JURY AT ORK? YES 2 NO	28d, DE\$	CRIBE HOW	INJURY O	CCURED	
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atri	et, factory, off	ce		ATION (Street or Town, State		er or Rural R	loute Number,
	the best of my knowl								) end manner ee atated.
206. HIGH AUTHER AND TITLE OF CENTRAL	yee.m.).			29c. LICENSE NU D 3 @ 3 (	اه		<b> </b>	3/21	(Moeth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	n.D., 1431	4 Old M	arlboro	P.Ke, l	Apper	Marl	oro,	Maryl	and
MAR 2 0 1992	32. MEGISTRAM'S GIGH.							-	



DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

									92	10176	
	FOR STATE REGISTRAR	STATE OF MA	RYLAND / CE	DEPAF ERTIF	RTMENT OF H	IEALTH AND I	MENTAL HYGIEN REG. NO	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)	(ELSIE	REGIN	АН	ARDY)		2. DATE OF OEATH DATE OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OEATH DATE OF OEATH DATE OEATH	25	YEAR 92	3. TIME OF OEATH	
ľ	4. SOCIAL SECURITY NUMBER	5. SEX 6.	MONTHS DAYS HOURS MIN.						LACE (State or Foreign		
	577-30-7185  9e. FACILITY NAME (If not institution, give st	1 M 2 F	Λ 13				1/08/17 EATH		Mar	yland ATH	
DIMECTOR	Wellington Mar	Wellington Manor Nursing Ctr. Clinton, MD									
HEC	10a. STATE 10b. COUNTY	1	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
	MD  10e. STREET AND NUMBER	PG			Clinto	. ZIP CODE		10g. CITI	_	1 YES 2 NO	
	9211 Stuart	Lane				2073	5	11.4	U.	S.	
r PUNEHAL	11. MARITAL STATUS 1 Never Merried 2 Merried	Never Merried 2 Merried FORCES? 1 YES 2 WHO					NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-		- American Indian, White, etc.	
100	3 Wildowed 4 Olvorced  15. DECEDENT'S EDUC	CATION	16a DEI	CEDENTIS	USUAL OCCUPATION	An	16b. KIND OF BU	SINESS/IND	LISTOV	Втаск	
	(Specify only highest grade Elementary/Secondary (0-12)		(Gi	ive kind of Do NOT u	work done during mosa retired.)	ist of working	ISB. KIND OF BU	SINE 35/ IND	USINI		
COMPLEIED	12th	Domestic Home/ House C:							are		
	17. FATHER'S NAME (First, Middle, Lest)  Daniel Hardy						a Gross	Sumame)			
	19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zlp	Code)		
-	Elsie Dent						. Brandyv				
	20e. METHOO OF OISPOSITION  1 Ty Burlel 2 Cremation 3 Remote Donation 5 Other (Specify)	oval from State	other pla	ICO)	SITION (Name of ce			CATION —			
	21, SIGNATURE OF PUNERAL SERVICE UC	ENSEE C	ICHTLS	E II		ND ADDRESS OF FA	CILITY			aryland	
	* X Days	n Est	eo)	1			eral Home			20608	
	Aquasco Rd Aquasco MD 20608  23. PART I. Enter. the Viseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or maer failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final										
	IMMEDIATE CAUSE (Final disease or condition	ase or condition (@/ Wille @1/16)									
	resulting in death)	S. DUE TO*(OR AS A CONSEQUENCE OF): "*									
5	Sequentially list conditions,  Due to 400 AS A CONSEQUENCE OFFO										
3	csuse. Enter UNDERLYING Discher Son Medulitus										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	DUENCE C	PF):						
1 2	d										
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 UPS 2 NO  OF II.									WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (C)	heck only one)				
בֿר	1 TYES 2 HO	1 Inpatient 2 I E			Nursing Hor		8 ☐ Other (Specify)	INJURY AC	CURED		
	Natural 5 Pending	Netural 5 Pending (Month, Dey, Year) INJURY WORK?  M 1 yes 2 NO									
בר פו	2 Accident 3 Sulcide 6 Could not be determined 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)								xute Number,		
COMPLEIE	anal Comp						e to the cause(e) end me e time, date end place, e			end manner ee stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIE	Flan 1	ND			29c. LICENSE NU	IMBER 2	29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27),(īyp	e, Print)	5/1	1 10/1 //	17	1.11	1.	

SS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27, 03/pp., Print)

31. DATE FELED (Month, Day, Year)
MAR 3 1 92

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF N		DEPART					MENTAL HYGIE				
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
James Luther H	all							MONTH 3	DAY	92	M	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign	
225-30-9976	1)∑]{M 2 □ F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	9/28/1927 Virginia			
99. FACILITY NAME (If not institution, give sti				at OUTY	200001.0	2.00170						
	eet and number)			90. CITY,	IOWN O	R LOCATIO	IN OF DE	AIH		UNTY OF D		
501 Chelsea Road				Pe	erry	man			H	arfor	rd	
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			T soo CITY	TOWN OF	LOCAT	ION					10d. INSIDE CITY	
	C. 3		100. 0111	, 10wn on	LOCAL	ION					LIMITS?	
	ford			Perry	-						1 ☐ YES 2 🔀 NO	
104. STREET AND NUMBER					101.	ZIP CODE			10g. C	ITIZEN OF Y	VHAT COUNTRY?	
501 Chelsea Road	501 Chelsea Road 21130 USA											
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — American Indian,												
1 Never Married 2 Merried	IF YES, GIVE W		NO			city Cuber 2 Let NO		n, Puerto Rican, etc.) v:				
3 Widowed 4 Divorced						X				M	hite	
15. DECEDENT'S EDUC			CEDENT'S					16b. KIND OF	USINESS/I	NDUSTRY		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	Ma	Ne kind of w Do NOT use	ork done du retired.)	uring mo	at of working	g					
6	0	′	Agri	culti	mic	+		E.	armin	~		
17. FATHER'S NAME (First, Middle, Lest)			2192-1	CUIC	11 1		FR'S NA					
	77 1 1 2 27 27 27											
Hobert McKinley Hall Cora Blevins												
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)												
Mrs. Billie J. Hall 501 Chelsea Rd., Perryman, MD 21130												
20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20c. LOCATION City or Town, State												
Commetten 3   Removal Irom State   Cremetten 3   Removal Irom State   Commetten 6   Other (Specify)   Hariord Memorial Gardens   Aberdeen, Maryland												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399												
The state of the s												
23. PART I. Enter the diseases, proceedings of the enterty fellure.	omplications the	t caused the de	eth. Do n	Dt enter 1	the mo	de of dyl	ng, suc	h as cardiac or re	piretory	arreat,	Approximata interval Between	
IMMEDIATE CAUSE (Final											Onset and Death	
	C	A 15 6 1 1 A 6	D 11. A E	110	51	2					4mos	
resulting in death)	DUE TO	(QR AS A CONSE	QUENCE OF	):	2				-		1	
		DAY	CVCO	145	_	000	A 6	0.5			20mp	
Sequentially flat conditions,	DUE TO	OR AS A CONSE	OLIENCE OF	0100		Car	0(0				111103	
if any, leading to immediate cause. Enter UNDERLYING	302.10	(OII NO A GOILDE	docitor of	*							į	
CAUSE (Diseese or Injury	DUE TO	(QR AS A CONSE	OHENCE OF	5.							<u> </u>	
that initiated events reaulting in deeth) LAST	DOE 10	(WH AS A CONSE	QUENCE OF	);								
	1											
PART II. Other algnificant condition	a contributing to	death but not	reaulting i	n the unc	deriyin	g cause o	iven in	Part I. 24a. WAS	AN AUTOP!	Y 24b	. WERE AUTOPSY FINDINGS	
	wal v							PERI	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	COVICE O	003 (001)	40	ccci	Cic.	001	-	1 TYES	2 NO		OF DEATH?	
											1 YES 7 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (C)	neck only one)				
1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER		6 5 X80	sidence	6 Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF		26b. TIM		28c. INJ			28d. DESCRIBE HO	W INJURY	OCCURED		
1 Netural 5 Pending	(Month, L	Day, Year)	INJ	URY	WC	PRK?	I NO	The second secon				
2 Accident Investigation	20- 81 ACE (	NE IN ILIEV ALL		tract foots			110	and LOCATION (C)		h D	On to March	
3 Suicide 6 Could not be 4 Homicide determined	building,	of Injury — At he atc. (Specify)	ome, rarm, s	street, secto	эгу, отпе	•		28i. LOCATION (Str. City or Town, St		Der or Hurai	Houte Number,	
29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, d	eath occurre	d at the th	me, date	and place.	, and due	to the ceuse(a) and	menner aa	stated.		
one) 2 MEDICAL EXAMINE											e) and menner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	N					29c. LICI	ENGE MI	MAED	204 6	ATE SIGNE	O (Month, Day, Year)	
The state of the s	TO					290, 610		4521			6/92	
- James 10						1 1	1 7 ,	1001		2/1	21.9	

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

em

92

31. DATE FILED (Month.

MO

600N Wolfe

Ba

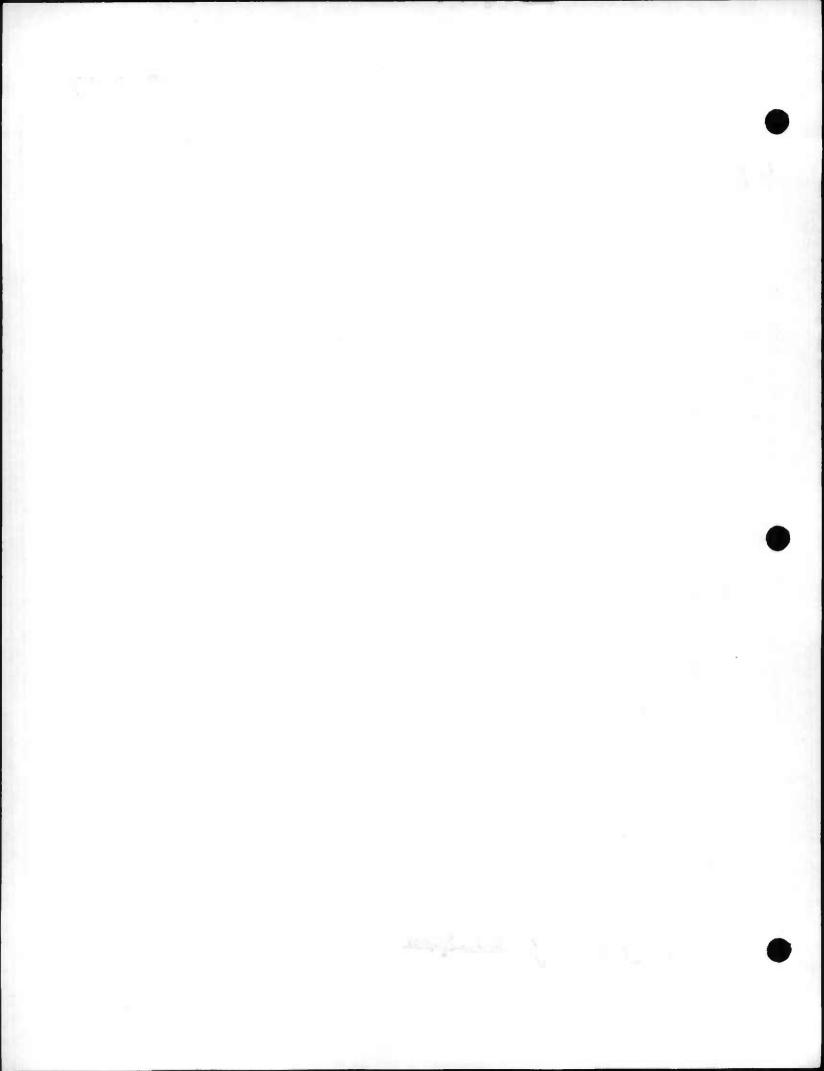
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DHMH-16 Rev 1/89

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San a

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF H	IEALTH AND N	IENTAL HYGI		1017	8		
		1. DECEOENT'S NAME (First, Middle, Last)	Jeneal Jor			1	2. DATE OF DEATH	1	3. TIME OF D			
		4. SOCIAL SECURITY NUMBER NONE	1 🗆 M 2 💢 F	YRS. MONTHS			7. DATE OF BIRTH (Month, Day, Year March 22,	1992	BIRTHPLACE (State of Country) Maryland			
	СТОВ	90. FACILITY NAME (If not institution, give st HOLY Cross Hos RESIDENCE OF DECEDENT				Spring	ATH		gomery			
permit. Pages	DIRE		timore	10c. CITY, TOWN	or Locat				10d, INSIDE ( LIMITS? 1 YES 2			
155	FUNERAL	7450 Ricksway Ro					1208	Unit	ed States			
9 2 2	BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexicen 2 NO Specity:	C ORIGIN? (Specify , Puerto Ricen, etc.)	Yes or No — 1	4. RACE — American i Black, White, etc. Specify: Black	indian,		
2 6 2	LETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	8e. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	durina mo.		16b. KIND OF	BUSINESS/INDUS				
by the hospital by detached to at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		None			NOI E (First, Middle, Mai	den Surneme)				
MARYI retained by 5 should be notified at	BE	Gerald T. Jordar  190. INFORMANT'S NAME (Typo/Print)	1	19b. MAILING ADDRES	Sharon L. Harper  ADDRESS (Street end Number or Aural Route Number, City or Town, State, Zip Code)							
40	5	Gerald T.Jordan	rald T.Jordan Same as 10									
Page 6 may al director, page ner must b		20e, METHOD OF CISPOSITION 1 Burlel 2 Cremetion 3 Remo	cemete St	LACE AND DATE OF DISPO Cry, crematory or other place Uburban Cre	)			Location – cit Lver Spi	ring, Mary	vland		
death. P death. P tuneral		21. SIGNATURE OF FUNERAL SERVICE LICE	W. Ray	F	app	Funeral S ist Avenu	Services	P. A.	ng, MD 209			
be executed within 24 hours be executed within 24 hours cian and completely filled In 1 or to bunal, cremation, or re aumatic event, the med	RTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, anock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
the death certificate the attending physical Mental Hygiene principle, or other the	CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
v requires that the been signed by the t. of Health and M ishows any Injection	MEDICAL	PART II. Other algnificant conditions	a contributing to death but	not reaulting in the u	nderlying	g cause given in P	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPS: AMAILABLE PRICOMPLETION COF DEATH?  1 YES 2	OF CAUSE		
N: The law ficate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ОТНЕ	R:	ACE OF OEATH (Chec						
ING PHYSICIAN: The Viter this certificate eath with the State marked, or Iten	РНҮ	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJI WO	e 5 Residence 8 URY AT RK? /ES 2 NO	Other (Specify) 28d. OESCRIBE HO	W INJURY OCCUI	RED			
OR ATTENOING I DIRECTOR: After hours after death tem 28 is man	TED BY	2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY — building, stc. (Specify)	At home, ferm, strest, fee			28f. LOCATION (Stre City or Yown, St		Rural Route Number,			
로 코 전 느	COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as a stated.										
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER ACCORD	mo com			D3663	,					
		30. NAME AND ADDRESS OF PERSON WHO Liam Haim, M. D.		al Park Dr.	i ve	#307 93	lver Son	ring MO	20002			
		31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATE	IRE CARL		17007, SI	TAGT Shi	±119, MD	20302			



BALTIMORE, MARYLAND	nowrs after death. Page 6 may be retained by the	med in by the funeral director, page 5 should be detation, or removal.	the medical examiner must be notified at one
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fair star death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet, miled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL			OF DEAT		ENTAL HYGIEN REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last,		JOHN.	sol			2. DATE OF DEATH DATE OF DEATH DATE OF DEATH	"C=5"	YEAR S. STP. M		
	4. SOCIAL SECURITY NUMBER 217-36-6917 9a. FACILITY NAME (If not institution, give	1 💢 M 2 🗌 F	(In yrs. last birthday) 73 YRS.		EAR IF UNDER AYS HOURS DWN OR LOCATION	MIN.		1918	BIRTNPLACE (State or Foreign Country)  Maryland Y OF DEATN		
STOR	Chesapeake M	anor			Arno1d			Anne	e Arundel		
DIRECTOR		n lvert	10c, CIT	y, town on i Du	nkirk			10d. INSIDE CITY LIMITS? 1 YES 2 XNO			
FUNERAL	100. STREET AND NUMBER 9860 South	nern Maryland	Blvd.		10f. ZIP COD	754		IN OF WHAT COUNTRY?			
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	N U.S. ARMEO 2 NO ATES	If y	S DECENOENT C	F NISPANIC	ORIGIN? (Specify Year Puerto Ricen, atc.)		4. RACE — American Indian, Black, White, etc. Specify: Black			
	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of life. Do NOT u	ECEDENT'S USUAL OCCUPATION In which work done during most of working to NOT use retired.  Farmer								
	17. FATNER'S NAME (First, Middle, Lest)  Joseph	nson				E (First, Middle, Melden Maynard	n Surneme)				
TO BE	190. INFORMANT'S NAME (Type/Print)  Marian Johnson	1			treet end Number	or Rural Ro	ute Number, City or Tow		ing, Md 20779		
	20a. METNOD OF CISPOSITION 1										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  1451 Dares Beach Rd.  Sewell Funeral Home Prince Frederick, Md										
7	23. PART I. Erfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, anock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onaet and Death  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d.										
PHYSICIAN: MEDICAL	PART II. Other significant condition	out not resulting	In the unde	rlying cause	art I. 24a. WAS AN PERFOR	RMEO? AMAILABLE PRIOR TO COMPLETION OF CAUSE					
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	petient 3 🗆 DOA	OTHER:	26. PLACE OF D		k only one)  Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	C. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCU	RED			
	3 Suicide 8 Could not be 4 Homicide determined	Y — At home, farm, holfy)	atreet, factory	r, office		28f, LOCATION (Street City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIC	My Me	dical 1	)Nee	29c. LIC	ENSE NUMB	84	294. DATE I	128-182		
10	30. NAME AND ADDRESS OF PERSON W	110 1600 (	CRAIN	o, Print)	7 G1	.R.J	BURNIR	. M	(1) 2106/		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 3 1 1992 Alia Davidson-Randelle										

OLIO. Co.

EGISTRAR		CERTIF	ICATE	OF	DEAT	ГН	REG. NO.					
EDENT'S HAME (First, Middle, Lest) WILLIE	mes!	Ley Jone	25				2. DATE OF DEATH DATE OF DATE	Y 67	YEAR	3. TIME	OF DEATH	4.
SAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday) 5.3 YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	9	8. BIRTH Count	(Y)	CARC	
NIE GEORGE'S		CENTER	9b. CITY,		ERL		EATH		NCE	EATH	RE	
DENCE OF DECEDENT												

1	BA
	P S
	5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	WILLIE MOSTEY TONES MONTH 23 92 5-40 AM											
1 8	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs	,,	IF UNDER 1 YEA		HRS. 7	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE Country)	E (State or Foreign	
	250-58-9698  9e. FACILITY NAME (If not institution, give a	1. M 2 □ F	5 2	YRS.				8-43		SOUTH	I CAROLI	
Œ	PRINCE GEORGE'S		11-	***		NOR LOCATION		H		Y OF DEATH	EUR LE'S	
5	RESIDENCE OF DECEDENT		LLENI				7		11/1/1	CE OR	FURCE 3	
DIRECTOR	MD PRIN	ce bear	6/2	- 40	Y, TOWN OR LO	INSIDE CITY LIMITS? [YES 2   NO						
3AL	10a. STREET AND NUMBER	7		101. ZIP CODE		-	10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	414	47000		207				USA		
B	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2	HO								
TED	15. DECEDENT'S EDU (Specify only highest grade		16a.	(Give kind of	USUAL OCCUPI			16b. KIND OF BUS	SINESS/INDUS			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  12th  College (1-4 or 5+)  MECHANIC  PVT											
BE CO	17. FATHER'S NAME (First, Middle, Leat)  GEORGE SPANN  18. MOTHER'S NAME (First, Middle, Malden Surname)  BERNICE JONES											
10	196. INFORMANT'S NAME (Type/Print)  NELLIE JULIA JONES  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  6231 - 64th AVE #2, RIVERDALE MD 20737										20737	
	20a. METHOD OF DISPOSITION  1 R Burlei 2 Cremation 3 Removal from State  4 Donation 8 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of CEM. 3-28-92 PANOLA S.C.											
	21. SIGNATURE OF FUNERAL SERVICE LIC		22, NAME	AND ADDRES	OF FACIL	JENKINS	FUNI	ERAL	HOME			
	23. PART F. Enter the diseases, of	hen ken	y =	-	7474	LAND	OVE	R RD, LA	NDOVI	ER MD	20785	
ATION	shock, or heert fellure. List only one cause on sech line.  Interval Between Onset and Desth disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate											
CERTIFICATION	CAUSE. (Disease or injury that initiated events resulting in death) LAST											
	PART II ON A CANADA II AND A C											
MEDICAL	PERFORMED? ANAIL									ABLE PRIOR TO PLETION OF CAUSE EATH?		
			2					-		10	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing H	ome 5 🗆 Resi	idence 6 [	Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De		28b. TIM	IURY	NJURY AT WORK?	11.	8d. DESCRIBE HOW II	NJURY OCCUP	RED		
- 111	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, stre building, atc. (Specify)					et, factory, office 28f. LOCATION (Str. City or Town, S				reet and Number or Rural Route Number, State)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE							the cause(s) and man		ause(s) and r	manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		Jenu 4	lyed	ical		ISE NUMBE			IGNED (Monti		
TO B	Ounlanleyr	ulful	EXA	min	01	40	165	7_	13-	-	92-	
	PAU I A DE PRE	M) 42	3 QU	TEM 27) (Type	URY KC	1441	7775	vice Mi	1200	181		
	31. DATE FILED (Month, Day, Year) MAD 9 6 1002	32. REGISTRA	R'S SIGNATUR	Pando 00								

LOCATION NAMED TOWN MARKED  LADGE SECOND TOWN NAMED  LADGE SECOND TOWN	1 - FOR STATE REGISTRAR		STATE OF 1	MARYL					EALTH AND	MEI	NTAL HYGIEN	_	2	1018	
ADORAL SECURITY NUMBER  SEX   S. ADD (BY FE. BIT STORAGE)   FEMEL   FE	1. DECEDENT'S NAME (First,	Middle, Last)									DATE OF DEATH			3. TIME OF DEATH	
State   Stat	JAMES W	JACKSO	N							Ι.		AY.		1:12	A
PRINCE GEORGE'S HOSPITAL CENTER  S. CELTY TOWN ON LOCATION OF CASH PGEORGE OF DECECEDARY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET  10. COUNTY  10. STREET		ER	1017	6. AGE (	In yrs. lest	birthday)	7			7. [	DATE OF BIRTH		8. BIRTHPLACE (State of		ngie
See CHT. TOWN ON LOCATION OF DEATH   PGEORET'S PROCEDED BY   THE STATE   THE					50	YRS.	MONTHS	UAYS	HOURS MINI,						
TREEDENCE OF DISCEDENT   100. COUNTY   100. MILES   100. MILES   1										DEATH		9c. COU			
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Maryland Prince Georges Landover Hills   100 Hes   100 H						10c. CITY	r. TOWN O	R LOCA	TION	=				104 Meine City	
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1 SE Widowed & General Press, Development of the Manager Process of the Service Williams of the Servic		· 1	12. WAS DECEDEN	IT EVER IN	U.S. ARM	ED	13. V	MAS DEC		ANIC O	RIGIN? (Specify Yes		14. RACI	E — American Indian	
St. DECEDENT'S DULCATION   Stephanology (PST)   S						)	B	' yes, sp	ecify Cuban, Mexic	en, Pu	allo Rican, etc.)		Blac	k, White, etc.	
Cooking (and private group of when the developing and a private of when the developing form the developi	3 Widowed 4 Divon	ced							-A	.,.			940	Black	
T. PATHERS NAME (PRIVE MANGE (PRIVE MANGE (PRIVE MANGE) ALL ASSON	15. DECE (Specify only	highest grade of	ATION completed)		16a. DEC	EDENT'S	USUAL OC	CUPATH	ON ost of worldna		16b. KIND OF BUS	SINESS/IN	DUSTRY		
TREATHER'S NAME (Past, Middle, Latt)  JOSEPH A. L. Jackson  18. MOTHER'S NAME (Past, Middle, Maldon Surseries)  Joseph A. L. Jackson  18. MOTHER'S NAME (Past, Middle, Maldon Surseries)  Isabel Hampton Jackson  18. MOTHER'S NAME (Past, Middle, Maldon Surseries)  Joseph A. L. Jackson  18. MALING ADDRESS (Stores and Minimor or Past) Route Minimor of Past Route Past, Minimor of Past Route Past, Pa	The second second second second second		College (1-4 or 5	+)	Ma. E	o NOT us	e retired.)								
JOSEPH A. L. Jackson   Isabel Hampton Jackso					Mec	h. A	ir C	on					2		
The MALING ADDRESS (Street and Number or Rural Room Rumbor. City or Born., State, Zp Code)  38.05 71st Ave. Landover Hills, Md. 70784  38.05 71st Ave. Landover Hills, Md. 70784  20. Lector of Desposition  10. Bustle 2   Cremation 3   Removal from State  40. Decestor 8 of Other (Roch)  21. SEQUENTIAL SERVICE LICENSEE  22. NAME AND ADDRESS OF RACITY  Plunkett Funeral Home  23. PASY 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death  23. PASY 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death  24. NAME AND ADDRESS OF RACITY  PLUNKET Funeral Home  25.04 28th Street N. F.  25. PASY 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death  25. PASY 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death  26. PLACE OF DEATH (Total Conditions, interval Between Onset and Death  27. Manuscript Death  28. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registered to Immediate  29. Was Cause Registered to Immediate  29. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registered to Immediate  29. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registered to Immediate  29. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registered to Immediate  29. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registered to Immediate  29. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registered to Immediate  29. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registered to Immediate  29. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registered to Immediate  29. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registered to Immediate  29. DUE TO (OR AS A CONSEQUENCE OF):  29. Was Cause Registe	The state of the s								18. MOTHER'S N	AME (	First, Middle, Maiden	Sumame)			
Second Second			kson												
230. PART II. Other algnificant conditions contributing to death but not resulting in death) LST  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.   24a. WAS AN AUTOPSY PERFORMED?   24b. WAS CASE REFERENCE TO MEDICAL EXAMINES?   25b. THE CR (Month) As a Consequence of Picking Investigation   25c. NUMBER   25c. Number   25c					19b.	MAILING	ADDRESS	(Street a	and Number or Rura	l Route	Number, City or Tow	n, State, Zij	Code)		
Section   Section   Removal from State   Countries (Proposition   Control (Proposition			ckson							er					
21. NAME AND ADDRESS OF FACILITY Plumkett Funeral Home 2. NAME AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY Plumkett Funeral Home 2. NAME AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY ADDRESS OF FA	1 G Burial 2 Cremation	DN n 3 □ Remo	val from State					TION (Na	ame of	1	DATE 20c. LO	CATION -	City or To	wn, State	
Plunkett Funeral Home 2504 28th Street N. E.  23. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Orient and Death Interval Between or conditions as a consisting in death)  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF					G1	en W					Was	shing	ton,	D. C.	
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disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	snock, or ne	art tellure. L	lst only one cau	ise on ea	ch line.					34 = 2				Interval Bet	ween
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PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.    PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.   Part II. Other algnificent conditions contributing to deeth occurred to Occupant II.   Part II. Other algnificent conditions and other (Specify)   Part III. Other algnificent conditions and other (Specify)   Part III. Other algnificent conditions and other (Specify)   Part III. Other algnificent conditions and other (Specify)   Part III. Other algnificent conditions and other (Specify)   Part III. Other algnificent conditions and other (Specify)   Part III. Other algnificent conditions and other (Specify)   Part III. Other algnificent conditions and other (Specify)   Part III. Other algnificent conditions and other algnificent conditions and other algnificent conditions and other algnificent conditions and other algnificent conditions and other algnificent conditions and other algnificent conditions and other algnificent co	that initiated events		DUE TO	(OR AS A	CONSEQU	ENCE OF	):								
25. WAS CASE REFERRED TO MEDICAL  EXAMINEBRY  1   YES 2   MO  26. PLACE OF DEATN (Check only one)  27. MANNEB OF DEATH  1   Netural 5   Pending Investigation   Pending Invest	resulting in death) LAST	d.													
25. WAS CASE REFERRED TO MEDICAL  EXAMINEBRY  1   YES 2   MO  26. PLACE OF DEATN (Check only one)  27. MANNEB OF DEATH  1   Netural 5   Pending Investigation   Pending Invest	PART II. Other algolficen	at conditions	contributing to	double by	at mot re-	udelan li	n Alexandra	d - alsalas							
25. WAS CASE REFEBRED TO MEDICAL  EXAMINEBR  1	<u> </u>		Bish	To To	. >		D B	aeriyin	g ceuse given ii	Part			200	AMAILABLE PRIOR TO	)
25. WAS CASE REFERRED TO MEDICAL  EXAMINED TO LEATH  1			acqua	0000	- 0		Cu	lu	~		1 TYES 2	DNO		OF DEATH?	USE
EXAMINES    Mode   Part														1   YES 2   NO	)
EXAMINES    Mode   Part	25 WAS CASE DESCRIPTION TO	MEDION													
27. MANNER OF DEATH  1	EXAMINEDA					/	OTHER		ACE OF DEATH (C	heck or	nly one)				
1 Netural 2 Accident 3 Suicide 4 Month, Day, Year) NURY M 1 YES 2 NO 286. DEATN (ITEM 27) (Type, Print)  1 NETURN WORK? 1 YES 2 NO 286. DEATN (ITEM 27) (Type, Print)  29. CERTIFIER (Month, Day, Year) NURY NORK? 1 YES 2 NO 286. DEATN (ITEM 27) (Type, Print)										1					
29a. Certifier  (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE Number  29d. LOCATION (Street and Number or Rural Route Number, etchy, office determined  29d. Certifier  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29d. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)		ending				INJU	JRY JRY	WO	RK7	28d	. DESCRIBE HOW II	JURY OC	CURED		
4   Homicide determined building, etc. (Specify)  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  2136. DATE SIGNED (Month, Day, Vear)  230. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	Account	rvestigation	00 - PH 405 0	C in illmir											
(Check only one)  2   MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	= 000		building,	atc. (Speci	— At nom	, term, s	ireet, facto	ry, offic		281.	LOCATION (Street a City or Town, State)	nd Number	or Rural F	loute Number,	
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Vear)  30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	298. CERTIFIER	FYING PHYSIC	IAN: To the best of	my knowle	odge, deat	occurre	d at the tir	ne data	and place, and du	e le lh	a cause(e) and man		ad		
29b. SIGNATURE AND TITLE OF CERTIFIER  1012879  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)														and manner as stat	led.
My my while and address of person who completed cause of Death (ITEM 27) (Type, Print)											The proof, and				
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	hyman		la No	)					DIX8	79	>	JAN. DAT	E SIGNED	(Month, Day, Year)	2
	30 NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEA	TN (ITEM	27) (Type,	Print)	3	1110	1	(11)	700	7 002 -	-, -, -, -	

32. REGISTRAN'S SIGNATURE a Navidson-Randall

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAR 27

1992

TO BE COMPLETED BY FUNERAL DIRECTOR

**BALTIMORE, MARYLAND 21215-0020** 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

15 0/15 3 should

BALTIMORE, MARYLAND 21215-0020

TO THE HISPITAL OR ATTENDING PHYSICIAN. The law requires that the death caracterate be executed within 24 hours after death. Page 6 may be instained by the hispital or attending physician. TO THE FUNETAL DIRECTOR After this certificate has been agoned by the attending physician and compretely filled in by the funeral director, page 5 should be detached for use as the burial-tran be fled within 27 hours after death with the State Dept. of Health and Mental Hygere prior to burial, cremation, or removal. Them 28 is marked, or flem 23 shows any Injury, or other transmatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH												
	MARY	<b>JENKINS</b>							MONTH 03	10		92	2:40PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF B	HETH		8. BIRTH	IPLACE (State or Foreign
	578 54 5292	1 M 2 F	51	YRS.	MONTHS	DAYS	HOUMS	MIN.	(Month, Day	26	40	WHTT	EVILLE N.C.
	9a. FACILITY NAME (If not institution, give							ON OF DE			9c. COU	NTY OF D	EATH
8	PRINCE GEORG	ES HOSPIT	AL CENTE	R		CHE	VERL	Y.			P	RINC	E GEORGES
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN												
E		E GEORGE			TOWN OF								10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	E GEORGE		FU	FORESTVILLE								1 YES 2   NO
MA		DADIZ DD		101. ZIP CODE 20749						_		WHAT COUNTRY?	
FUNERAL	1704 FOREST				Line							_	STATES
3	1 Never Married 2 Married	FORCES?	NT EVER IN U.S.ARI	MED	- 11	yes, sp	ecify Cuba	n, Maxican	IC ORIGIN? (S <sub>i</sub> n, Puerto Ricen	pecify Yee i, etc.)	or No-	14. RACE Black	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	YES	2 X NO	Specify.				Speci	my: ₄ACK
	15. DECEDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL OCC	UPATIO	ON		16b. KIN	D OF BUS	SINESS/INI		MOR
<u>=</u>	(Specify only highest grade) Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT us	rork done du e retired.)	ring mo	st of working	ng					
APL	12		CON	TRAC	T SPE	CIA	ALIST		D.	C. (	GOVER	RNMEN	IT
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NAM	AE (First, Middle	s, Maiden	Sumeme)		
BE	THOMAS POW	ELL						ELIZ	ABETH	PRI	CE		
2	19a. INFORMANT'S NAME (Type/Print)		190						loute Number, C				
-	DAWN A JONES			1704	FOR	REST	PAR	K DR	FORES	TVII	LLE M	1D 2	0749
	20a. METNOD OF DISPOSITION  SCXBurial 2 □ Cremation 3 □ Re	movel from State	20b. PLACE A						DATE			City or To	
	4 Donation 5 Other (Specify)	ICENER	cemetery cre	SHIN					3/23	SUI	ITLAN	ND MD	)
	21. SIGNATURE OF PUNERAL SERVICE (	CENSEE						S OF FAC	OPE FU	INER A	AT. HO	ME	
	Merly R.	ope 4	ar,		26	17	PA A	VE S	E WASH	I DO	20	0020	
	23. PART I. Enter the disesses, or ahock, or haert fellure	complications th	at caused the da	sth. Do n	ot anter t	he mo	da of dy	ing, such	sa cardiac	or respi	ratory an	rest,	Approximats
	IMMEDIATE CAUSE (Final	. List only bila ca	use on each line	n			/	) _	1				Interval Between Onset and Death
	disease or condition resulting in death)	8	Sept	IC	2000	0	. 1	Sac	lere	mi	P		
		DUE TO	(OR AS A DONSEC	WINCE OF	):	1_	7						
Z	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
AT	if sny, lesding to immediate cause. Enter UNDERLYING	NUENCE OF	): (J	M	roto	1.540	tic				100.		
CERTIFICATION	CAUSE (Disesse or Injury that Initiated events	cDUE TO	OR AS A CONSEC	DUENCE OF	!/\ ):	[ ]	000	000	-00				
E	resulting in deeth) LAST	4											
		u.											
MEDICAL	PART il. Other significant condition	ons contributing to	death but not n	esulting in	n the und	erlying	ceuse (	given in F	Pert i. 24a	PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă									_ 10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
									_				1 TES 2 NO
Ž.													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (Che	ck only one)				
14S	1 YES 2 NO	1 Inpetiant 2	ER/Outpatient 3	1	_		_	aldenca (	Other (Spe				
	1 Natural 5 Pending		Day, Year)	28b. TIME INJU		WO	URY AT	1.00	28d. DEŞCRIE	BE NOW IN	NJURY OC	CURED	
B	2 Accident Investigation	28e PLACE	OF INJURY — At hor	me ferm e	Ireal factor	1 _ \		NO	284   0047101	V (Person of			
	3 Suicide 8 Could not be determined	building	etc. (Specify)	, mini, e	ilwet, lector	y, office			26f. LOCATION City or Tox	vn, State)	nd Number	r or Huraii F	loute Number,
	AL AMERICA												
COMPLETED	(Check only 1 (C												
8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(s) and menner as stated.												
BE	29b. SIGNATURE AND THE OF CERTIFI	+	m	M	A		29c. LICE	NSE NUM	BER		29d. DAT	- 0	(Month Day, Year)
ဥ	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED ON	SE OF DEATH ATT				٧	3)	> 182	_		2)	0 12
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	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	1-	ICA AL	d a	~~		1 7/2	~~~ v		1 1	10
	MAR 2 4 1992		on-Randell										
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEA		MENTAL HYGIENE		1010	,		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH			
	WALTER	JOHNS	ON			03 22	92	5:30PM	м		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC		- 1	F UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRTI	HPLACE (State or Foreign	,		
	214-56-0355  9a. FACILITY NAME (If not institution, give s	1 M 2 F	41 YRS.	ONTHS DAYS H	OURS MIN.	Wash., D.C.					
DIRECTOR	PRINCE GEOR			CHEVE							
E .	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10e. CITY	TOWN OR LOCATION	1			10d, INSIDE CITY			
E C	MD Prin	ogo Coomas	7,55					LIMITS?			
	10e. STREET AND NUMBER	ce George	s I Sea	Pleas	ant P CODE		10g. CITIZEN OF	1 TYES 2 NO	-		
FUNERAL	605 Birchleaf A	Menuo						MINI COOMINIT			
ž	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		0743	HC ORIGIN? (Specify Year	USA	E American Indian.	$\dashv$		
	1 Never Married 2 Married	FORCES? 1 Y	ES ZY NO		Cuban, Maxica	n, Puerto Rican, etc.)	Blac	k, White, atc.			
BY	3 Widowed 4 Divorced	W VES, GIVE WAY OF	DATES	1 1 765 2	NO Specify	<i>r</i> .	Spec	Black			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US			16b. KIND OF BUSI	INESS/INDUSTRY	DIGOT	$\neg$		
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT use	k done during most o etired.)	working				- 1		
MP	12th grade		Interior	Decor	ator	Pri	vate				
0	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden S	Sumame)				
BE (	Walt Huff				Lillia	m Johnson	1		_1		
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A			Route Number, City or Town,					
	Lillian Washin	gton	605 B	rchlea	f Ave.	Seat Ple	easant,	Md 2074	13		
	20a. METHOD OF DISPOSITION  1 X Burlat 2 Cremetion 3 Ram		20b. PLACE AND DATE OF cemetery, crematory or other	DISPOSITION (Name			ATION — City or To				
	4 Donation 5 Other (Specify)		Harmony (	cemeter		Lar	dover,	MD			
	21. SIGNATURE OF FUNERAL SERVICE LIN	0 0		22. NAME AND	ADDRESS OF FA	J.B.JE	NKINS F	UNERAL H	IONE		
	Themberry	1 C. Bus	cse	7474	Landov	er Rd Lai					
	23. PART i. Enter the diseases, or ahock, or heart fellure.	complications that cau	sed the deeth. Do not	enter the mode	of dying, suci	h ea cerdiac or reapir	albry arrast,	Approximate			
	IMMEDIATE CAUSE (Fine)	List Dilly Dile Cedile Di	oach inp.	11.1				Onset and De			
	disease or condition resulting in death)	. perx	L M	uu-	-						
		DUE TO (OR A	MA CONSEQUENCE OF:				/				
z	Secured the transmission of	- mullitethe star LM							- 1		
Ĕ	Sequentially list conditions, if any, leading to immediate	DUE TO TOR A	S CONSEQUENCE OF:	1141 /11	1/14/	01 91	Mad				
0	CAUSE (Disease or injury	- MANU	MIN	will	UCC 4	HARMIN	TIME		_		
Ē	that initiated events resulting in death) LAST	NATIONAL AND TO TOP A	A CONSEQUENCE OF	alike	V.	1 0			- 1		
CERTIFICATION	- (	· CASA AL	(N	1000.0	T .	1		1	-		
AL.	PART II. Other significant condition	s contributing to death	but not resulting in	the underlying c	wse given in			WERE AUTOPSY FINDIN	as .		
	ANJAUA,					PERFORM		COMPLETION OF CAUS			
Ä	chural	1					B/723	OF DEATH?			
ä	MUMM	WWW	9						- 1		
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				E OF DEATH (Chi	ick antly one!					
PHYSICIAN: MEDIC	1 TYES 2 1 100	1 Inpatient 2 ER/O		THER:  Nursing Home 1	E ☐ Residence	# [] Other (Specify)					
H	27. MANNEB OF BEATH	38s. DATE OF INJUR	7 28h. TIME (			26d. DESCRIBE HOW IN.	JURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation	S-2000	2.		2 🗌 NO						
ED	3 Suicide # Gould not be	38e. PLACE OF INJU- building, etc. (5		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	4 Homicide determined	determined building, etc. (Specify)									
COMPLET	298. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owiedge, death occurred	of the time, date and	f place, and due	to the ceuse(s) and meno	er se stated.				
8		IR: On the basis a examina						) and manner as stated			
	290. SIGNATURE AND TITLE OF GENTERIES	1. 11 W		- A - 1/29	IG. LICENSE NUM	men o	29d. DATE SIGNED	(Bootty Day Year)	-		
BE	m	model	M	XIV.	VIO	A q	15 V3	19			
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (IJEM 27) Type,	vio		,		1	$\dashv$		
	Lewis Dennis	6021 Gr	eenbelt R	d Coll	ege P	ark, MD					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE Arrenda 90 -		1.64			-			
	MAR 2 4 1992	pula vaviason-	Jan 10						- 1		

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BOX

TO BE COMPLETED BY FUNERAL DIRECTOR

SOCIAL SECURITY NUMBER	8. SEX 8. AGE	(In yrs. lest b	ERSON			3 2	> '	92	044
79 90 3233  FACILITY NAME (If not institution, give street Physician Memo	1 M 2 F		irthday)   IF UN				$\overline{}$	The Park was a second	
FACILITY NAME (# not institution, give street Physician Memo		91	YRS. MONT	HS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/27/0			land
Physician Memo	et and number)	71		STY TOWN C	R LOCATION OF DE			TTY OF DE	
SIDENCE OF DECEDENT		ital		a Pla				rles	
. STATE 10b. COUNTY			18c. CITY, TOW	VN OR LOCAT	ION				10d, INSIDE CITY
Maryland Charl	es		Malc	olm					LIMITS?
STREET AND NUMBER				101	ZIP CODE	•	10g. CITI		HAT COUNTRY?
Route 1 Box 24	1			1	20613		US	A	
MARITAL STATUS  Never Married 2 Merried  Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D		ED	If yes, sp	ENDENT OF HISPAI actly Cuben, Mexica 2/ NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No	14. RACE Black, Specify	American Indian, White, etc.
15. DECEDENT'S EDUCA	TION		DENT'S USUA			16b. KIND OF BU	SINESS/IND		
(Specify only highest grade of Elementary/Secondary (0-12)	empleted) College (1-4 or 5+)	Me. D	kind of work do to NOT use retin	nd.)					
12th		Ele'	vator	Open	ator	US Fed	eral	Gov	't
FATHER'S NAME (First, Middle, Lest)						AME (First, Middle, Melden			
George F. Edel	en					beth Coa	-		
						Route Number, City or Tow			0.0612
METHOD OF DISPOSITION ABurtal 2 Cremetion 3 Remov			te. 1			Brandywii			
PART I. Enter the diseases, or co shock, pr heart fellure. Li MEDIATE CAUSE (Final sease or condition	st Dnly Dne Cause Dn	each line.	١.			1			Onset and Dea
aulting in death)	DUE TO (OR AS			cr400	nassula	diear	-		Teass
equentially list conditions, any, leading to immediate	DUE TO (OR AS	A CONSEOU	ENCE OF):						
ause. Enter UNDERLYING AUSE (Disease or Injury									
at initiated events suiting in death) LAST	DUE TO (OR AS	A CONSEQU	ENCE OF):						
ART II. Other algnificant conditions		but not rea	uiting in the	underlyin	g cause given in	Part I. 24a. WAS AN PERFO		246.	WERE AUTOPSY FINDING
COVAN (	encer					1 YES :	2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
			3						
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			HER:	LACE OF DEATH (C)	III - Secretario del 107			
1 YES 2 NO	1 Inpatient 2 ER/Out	tpatient 3	28b. TIME OF	7	NO B A Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OO	CURED	
/	(Month, Day, Year)		INJURY	WC	PRK?	l l l l l l l l l l l l l l l l l l l			
1 Netural 5 Pending	28e. PLACE OF INJUR	Y — At hom	e, farm, street,	factory, offic	•	281. LOCATION (Street City or Town, State	end Number	r or Rural R	oute Number,
Netural   S   Pending   Investigation	building, etc. (Spe	ectry)				Only or rown, state	,		

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212 1616

Fig.

Set I Falk

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-00	AND 21215-00
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	hospital or attending p
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the best find within 70 hours after death with the State page of Health and Mental Huniane prior to burish commonly.	stached for use as the b
IMPORTANT: If I lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nce.

DIVISION OF VITAL RECORDS,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

		OFILITIO	ATE OF DEATH	REG. N	O.					
1. DECEDENT'S NAME (First, Middle, Last)	and the same of th		1000	2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATN				
MAXIMILIAN		^	RAMMER	MARCH a	14 1992					
3 5 9 - 2 8 - 7 0 7 6	1 💢 M 2 🗆 F		FUNDER 1 YEAR IF UNDER 24 HRS.  INTHE DAYS HOURS MIN.	Aug. 16	,1908 R	THPLACE (State or Foreign ntry) USS1a				
99. FACILITY NAME (If not institution, give:	St. MARYS HOSPITAL LEONARD TOURS  SESIDENCE OF DECEDENT  De. COUNTY OF DESIDENCE OF DECEDENT  SECONDARD TOURS  DECEDENT									
10a. STATE 10b. COUNT	Mary's		own on Location ardtown			10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
10e. STREET AND NUMBER	Tarry 5	реопе	101. ZIP CODE		WHAT COUNTRY?					
Cedar Lane Apt	t.		20650		USA					
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2/LINO	13. WAS DECENDENT OF NISP If yea, specify Cuben, Maxi 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Sp	CE — American Indian, ock, White, atc.				
15. DECEDENT'S EDU (Specify only highest grade	JCATION COMPleted	18. DECEDENT'S US	UAL OCCUPATION  done during most of working	16b. KIND OF B	USINESS/INDUSTRY	100				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Retail S	etired.)							
17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S	IAME (First, Middle, Meide	en Surname)					
Wilhelm Kramer	r "Kraemer"			rina Gla						
19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rura			20622				
Steven A. Bell			Box 368, Cha							
1 Buriel 2 Commation 3 Rem 4 Donation 5 Other (Specify)	noval from State	ob. PLACE AND DATE OF I	Park Cemeter	DATE 20c. I	ocation - chy or linois	Town, State				
21. SIGNATURE OF LINERAL SERVICE LE	capte X	Chollal I	22. NAME AND ADDRESS OF	ACIUTY Brin		Funeral H				
Januari.	Brinsfield	Τ	59 N. Wash	ington S	treet	i diletat in				
DUE TO (DR AS A CONSEDUENCE OF):  Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (DR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE OF):										
PART II. Other significant condition	na contributing to deeth Malletae	but not resulting in	the underlying couse given i		ORMED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  MOSPITAL:  26. PLACE OF DEATN (Check only one)									
EXAMINER?	HOSPITAL:	lo		Check only one)		1 YES 2 ND				
EXAMINER?	HOSPITAL:	utpatient 3 DOA 4	THER:  Nursing Home 5  Residence	6 Other (Specify)		1 YES 2 ND				
EXAMINER?  1 YES 2 MO  27. MANNER OF DEATN  1 Natural 5 Pending		utpatient 3 DOA 4	THER:  Nursing Home 5 Residence F 28c. INJURY AT		/ INJURY OCCURED	1 YES 2 ND				
EXAMINER?  1 □ YES 2 □ MO  27. MANNER OF DEATN  1 ○ Natural 5 □ Pending	28e. DATE DF INJUR (Month, Day, Year	y 28b. TIME C INJUR	THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify)	t and Number or Rura					
EXAMINER?  1 YES 2 MO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER Check only	28e. DATE DF INJUR (Month, Day, Year  28e. PLACE OF INJU building, etc. (S)	Y Y 28b. TIME C INJUR  RY — At home, ferm, stre pecify)  owledge, death occurred a	THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW 28d. DESCRIBE NOW 28f. LOCATION (Stree City or Town, Stal	ot and Number or Rura te)	l Route Number,				
EXAMINER?  1 YES 2 MO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER Check only	28e. DATE OF INJUR (Month, Day, Year  28e. PLACE OF INJUR building, etc. (S)	Y Y 28b. TIME C INJUR  RY — At home, ferm, stre pecify)  owledge, death occurred a	THER: Nursing Home 5 Residence  Fy 28c. INJURY AT WORK?  M 1 YES 2 NO  et, factory, office  at the time, date and place, and de	28d. DESCRIBE NOW  28d. DESCRIBE NOW  28f. LOCATION (Stree-City or Town, Stell  28 to the cause(s) and meetime, date and place,	et and Number or Rura (te) senner as atted.	l Route Number,				
EXAMINER?  1 YES 2 MO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  298. SEGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJUR (Month, Day, Year  28e. PLACE OF INJUR building, etc. (S)  SICIAN: To the best of my kn  ER: On the basis of examinar	y 28b. TIME C   NJUR   Y 28b. TIME C   NJUR   RY — At home, ferm, strepocify)  owledge, death occurred a tition end/or investigation, in	THER: Nursing Home 5 Residence Fr 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office  It the time, data and place, and denote the time, data and place, and denote the time of the time.	28d. DESCRIBE NOW  28d. DESCRIBE NOW  28f. LOCATION (Stree-City or Town, Stell  28 to the cause(s) and meetime, date and place,	et and Number or Rura (te) senner as atted.	/ Route Number,				
EXAMINER?  1 YES 2 MO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  4 Homicide determined  29e. CERTIFIER Check only One)  2 MEDICAL EXAMINE	28e. DATE OF INJUR (Month, Day, Year  28e. PLACE OF INJUR building, etc. (S)  SICIAN: To the best of my kn  ER: On the basis of examinar	The end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation in the end of investigation, in the end of investigation in the end of	THER: Nursing Home 5 Residence  For a control of the time, dete and place, and de  In my opinion, death occured at the time of time of the time of the time of the time of the time of the time of time of time of time of the	28d. DESCRIBE NOW 28d. DESCRIBE NOW 28f. LOCATION (Stree City or Town, Stale to the cause(s) and meetime, date and place, UMBER 29/7	end Number or Rura senner as stated.	/ Route Number,				
EXAMINER?  1 YES 2 DO  27. MANNER OF DEATN  1 Naturel 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  299. SEGNATURE AND TITLE OF CERTIFIER	28e. DATE DF INJUR (Month, Day, Year  28e. PLACE OF INJUR 28e. PLACE OF INJUR building, etc. (S)  BICIAN: To the best of my kn- ER: On the basis of examine	The end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation, in the end of investigation in the end of investigation, in the end of investigation in the end of	THER: Nursing Home 5 Residence Fr 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office  It the time, data and place, and denote the time, data and place, and denote the time of the time.	28d. DESCRIBE NOW 28d. DESCRIBE NOW 28f. LOCATION (Stree City or Town, Stale to the cause(s) and meetime, date and place, UMBER 29/7	end Number or Rura senner as stated.	/ Route Number,				

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the same

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		TIFICATE OI	DEATH	REG. NO.		3. TIME OF DEATH				
	THOMAS JOH				MARCH 19	,1992 YEAR	8:45 P				
	4. SOCIAL SECURITY NUMBER 720-14-3710 5. SEX 1 M 2		YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1902 8. BIRT	HPLACE (State or Foreign try) Mich.				
OB	9a. FACILITY NAME (II not inatitution, give street and number 4400 East—West Highway		9b. CITY, TOWN Bethe	or Location of DE	АТН	Montgo					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	T 10	De. CITY, TOWN OR LOCA	TION			Las mars are				
	MD Montgomery		Bethesda				10d, INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	4400 East-West Highway		1	20814		U.S.	WHAT COUNTRY?				
B≺	1 Never Married 2 Married FORCES1	EDENT EVER IN U.S. ARMED 1 TYES 2 NO IVE WAR OR DATES	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexical S 2 X NO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	Blac	E — American Indian, ik, White, atc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 5+	or 5+) (Give ki	ENT'S USUAL OCCUPAT ind of work done during it NOT use retired.)	ION ost of working	16b. KIND OF BUS						
OMI	17. FATHER'S NAME (First, Middle, Last)	Atto	orney	18 MOTHER'S NAI	Nat. La		ations Board				
BE C	Lewis Kalis			I .	(Unknown)	sumeme)					
5	19a. INFORMANT'S NAME (Type/Print)			and Number or Rural R	loute Number, City or Town						
-	William Kalis 200. METHOD OF DISPOSITION				Frederick,						
	X   X   Burlal 2	Complete comple	DATE OF DISPOSITION (A bry or other place)		OATE 20c. LOC						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Joseph Gawler's Sons, Inc.										
	23. PART I. Enter tha diseases, or complications	lldon	5130	Wisconsi	n Ave,NW,W	ashingto	on,DC 20016				
	anock, or neart tailura. List bniy one	cause on each line.				ratory arrest,	Approximate interval Between Onset and Death				
NO	OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,										
CERTIFICATION	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):										
	d.										
DICAL	DAREINSON S	DISTAS	E; CO.	1665770	PERFORI	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
IN: ME	LOTHALTIS	KENTE	INSUF	-c ( 18 ac)	_		1 TYES 2 NO				
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 nontlent		OTHER:	LACE OF DEATH (Che							
Y PHYSICIAN:	27. MANNER OF DEATH 28s. DAT (Mor	2 ER/Outpatient 3 D E OF INJURY th. Day, Year)	b. TIME OF 28c. IN	JURY AT DRK? YES 2 NO	3 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	CE OF INJURY — Al home, filing, atc. (Specify)			281. LOCATION (Street ar City or Town, State)	nd Number or Rural F	Route Number,				
COMPLET	29e. CERTIFIER (Check only one) 1 EXCERTIFYING PHYSICIAN: To the be composed to the composed of the composed one of the compos	st of my knowledge, death of axamination and/or invest	occurred at the time, date	end place, end due t	to the cause(s) and many	ner as stated.	i) end manner as atated.				
BE	296. BIGHATURE AND TITLE OR CENTURAL	low		29c. LICENSE NUM		29d. DATE SIGNED  MARCH	(Month, Day, Yber)				
T0	30. NAME AND AODRESS OF PERSON WHO COMPLETED RALPH M. COAN M.D.		(Type, Print) T-WEST HIG	HWAY # 1	030 ВЕТНЕ	ESDA,MD.	20814				
	MAR 25 92	STRAR'S SIGNATURE WICKSAM AMAGERA									

20.7

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	2
be filed within 72 hours shar death with the State Dept, of Health and Mental hygiane prior to burital, cremation, or removal.	8
TO THE FUREFAL, DIRECTOR. After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train.	8
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law impures that the death certificate be executed within 24 hours with death. Page 6 may be retained by the hospital or attending physician.	5

	STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	E
l		CF	ERTIFICATE	O	F DEAT	"H		REG. NO	

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYG		,
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н	3. TIME OF DEATH
WILLIAM SA	MUEL KINNEY				монтн 03		92 1 41 A
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	1 1	L. BIRTHPLACE (State or Foreign Country)
31. 40 1223	1 🕅 M 2 □ F 7	7 YRS.	JATES DAYS	HOURS MIR.		17,1914	Ohio
9a. FACILITY NAME (If not institution, give str	eet and number)	90	b. CITY, TOWN OF	LOCATION OF	DEATH	111111111111111111111111111111111111111	Y OF DEATH
PRINCE GEORGE'S HOS	SPITAL CENTE	R	CHEVER	_Y		PRINC	E GEORGE'S
10a. STATE 10b. COUNTY			TOWN OR LOCATIO	ON			10d. INSIDE CITY
FL Dad	e	Mia	mí				LIMITS?
10s. STREET AND NUMBER		********		ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
3721 S,W. 26th Te	rrace			33134		U.S	2 A
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Specif	y Yes or No- 1	4. RACE — American Indian.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 YES			Offy Cuben, Mexic	an, Puerto Rican, etc lly:	.)	Black, White, etc. Specify:
**	WW II			**			White
15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Give kind of work life. Do NOT use n	k done during most	of working	16b. KIND OI	BUSINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)				-		
17. FATHER'S NAME (First, Middle, Lest)		Salesman		40 14001110010	Reta		
Robert E. Kinney					AME (First, Middle, Mi		
19a. INFORMANT'S NAME (Type/Print)		105 MARI INC AD	DDBESS /Stead on		line M		
Mary A. Doughert	17						
20a. METHOD OF DISPOSITION	201	.PLACE AND DATE OF D			St., Land	LOCATION - CH	
1 Donation 5 Other (Specify)	val from State cer	netery, crematory or other lagler Mer	nlecel		1		
21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE /	Taglet Her	22. NAME AND	ADDRESS OF F	ACILITY	Mlami,	FI.
► 11 - V	10				r's Sons,		
23. PART I. Enter the diseases, or co	Jan	the feet Bearing	5130	Wiscons	in Ave.Ni	.Washin	gton.DC 20016
shock, or heart failure. L	ist only one cause on e	ach line	enter the mod	e of dying, su	ch as cardiac or r	espiratory arres	it, Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	(1 0	0,	1	_	9	1	Onset and Death
resulting in death) a	- CALLY	CONSEQUENCE OF:	no (	DUL	Fai	line	
	Sah	COMMEGNE OF	DL 0	1	0- h		1
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF:	#12/	red	with you	neudu	ene
cause. Enter UNDERLYING	(hin	setur,	, ,		/		1
CAUSE (Disease or Injury that initiated events	DUE TO JOR AS	CONSTQUENCE OF		1	0		
resulting in death) LAST	AR In	lestra	al ?	bel	white		
PART II. Other significant conditions	contribution to death b	est mot consisting to a	the constructions				
Const in Gine agrinuant conditions	contributing to death b	ut not resulting in t	ne underlying	cause given in	Part I. 24a. WA	S AN AUTOPSY PORMED?	24b. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO
					* □ YE	5 2 0 HO	OF DEATH?
					-	/	1 ☐ YES 2 ☐ NO
25. WAS CASE REFERRED TO MEDICAL			2070072				
EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (C)			
27, MANDIER OF DEATH	1X inpatient 2 ER/Outy 25s. DATE OF INJURY	285. TIME O			6 Other (Specify)	THE RESIDENCE OF STREET	
Natural 5 Pending	(Month, Day, Year)	INJURY	Y WOR		284, DESCRIBE HI	AM INJUST OCCU	RED
2 Accident Investigation 3 Suitcide 6 Could out be	38s. PLACE OF INJURY	- At home, farm, street		2 Z [] NO	201 LOCATION (S)	ner and thombs or	Book Broth Stocker
4 Homicide 6 Could not be	building, etc. (Spec	sitys	er mine & simon		City or Town, S	talej	/fural Route Numbec
29s. CERTIFIER . VIENTINIA BUNGO			Yan da se se se se	day of the V			
	AN: To the best of my know On the basis of exemplation						cause(k) and manner as stated.
280 WILLIATURE AND FITLE OF CERTIFIER	/	· moo sassaganer, s	-	200000000000000000000000000000000000000	THE COUNTY OF THE OWNER,	-	
AT A	111		1	OH OC	MBER	29st. DATE S	HONED (Morth, Dak Was)
34 NAME AND ADDRESS OF PERSON WHO	COMPLETED OF ST. ST.	ATM OTHER DESIGNATION		D PC	119	3	11192
1 LOJRADI	CHOWN	HURY	16	110	SPITA	1_	1
MAR 31 *92	32 HEGISTHAN'S SIGN	ATUNE ATUNE					

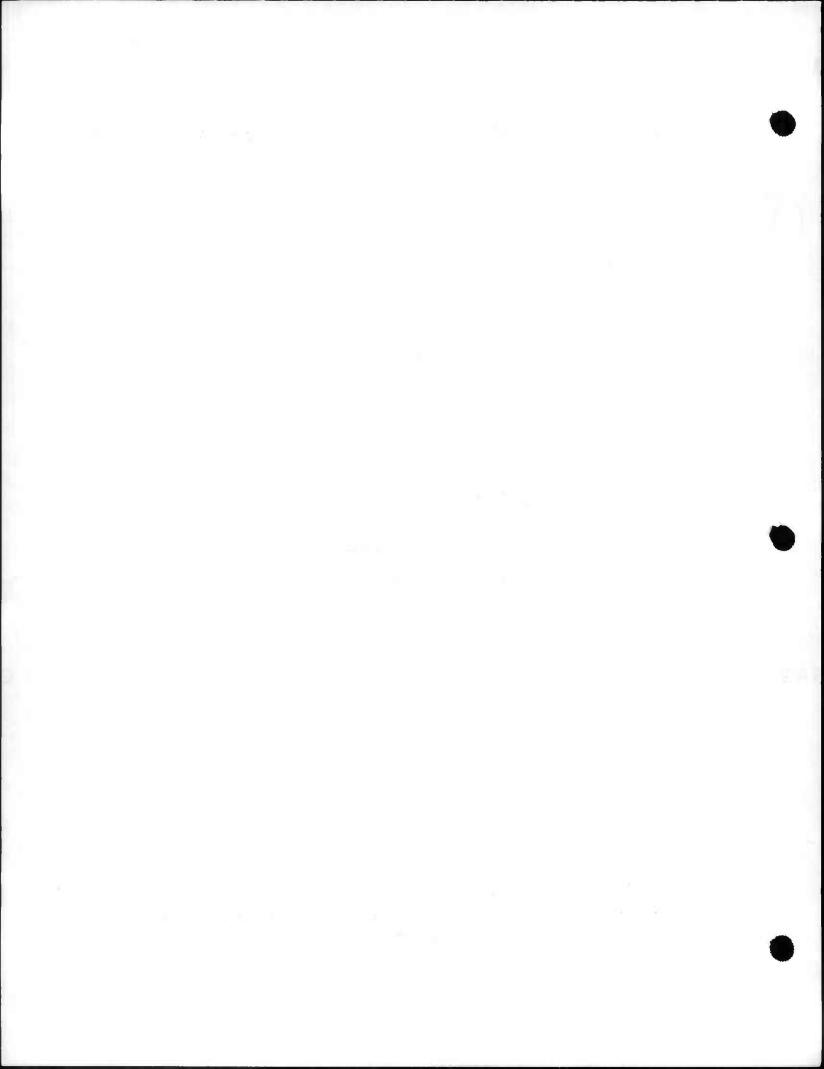
Fallet 252

BALTIMORE, MARYLAND 21203-3146	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physicia	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tri hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
C	24 500	y filled tion, o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death certificate be executed within	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
VISION OF VITAL I	UTTENDING PHYSICIAN: The law	CTDR: After this certificate has I after death with the State Dept

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 work and after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	m. Kel						2. DATE O	F DEATH DAY	- 92	EAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-03-3954		(In yrs. last birthday) 89 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	Jan.	7, Year)	03	BIRTHPL Country	ACE (State or Foreign D
OR	9a. FACILITY NAME (If not institution, give Brooke-Grove Nu				ney	R LOCATIO	ON OF DE	ATH		9c. COUNTY		omery
DIRECTOR	PRESIDENCE OF DECEDENT  10a, STATE  10b, COUN  MD  MO	ntgomery		y, town o	R LOCATI	ON						DI. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 18430 Brooke-Gr	ove Road				ZIP CODE 2083				10g. CITIZEN	U,S	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 X NO MATES		f yes, spe	city,Cuba		, Puarto Ri	(Specify Yes o	or No- 14.	RACE - Black, Specify:	- American Indian, White, atc.
BE COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done ( se retired.)	during mos	N it of workin	g	16b. I	Law F		TRY	
SE COMI	17. FATHER'S NAME (First, Middle, Last) Henry McKenna								ddle, Melden S Mc Cori			
10	James K. Sween								on, City or Town,	2212	4	
	20a METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		b. PLACE OF DISPO Gate of F	leave	n Ce	mete	ry		Sil	ver S		
	21. SIGNATURE OF FUNERAL SERVICE L	.ICENSEE			-				ons, I		gton	,DC 20016
CAL CERTIFICATION	ahock, or haart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE C	A DF):								intarval Batweer Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions	ons contributing to death I		in the ur	nderlylng	cause (	given in	Part i.	24a. WAS AN A PERFORM	AED?	6	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF D	EATH (Ch	eck only one	)		1	
YSI	1 YES 2 XNO	1 ☐ Inpatient 2 ☐ ER/Out	patient 3 DOA	4 EN Nur	sing Hom 28c. INJ		sidence	6 Other	(Specify) CRIBE HOW IN	THEY OCCU	RED.	
BY PI	1X Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	IN	JURY M	1 🗌 1	RK? YES 2	] NO					
	3 Suicide 6 Could not b 4 Homicide detarmined		ecity)	atreet, rac	tory, orne				TION (Street ar or Yown, State)	nd Number or	nuriii no	ste Namber,
COMPLETED	onel	YSICIAN: To the best of my know										and manner as stated.
TO BE C	29b. SIGNATURE AND THE OF CERTIF	IER M				29c. LIC	ENSE NUN	MBER 700	)	29d. DATE 5	IGNED (	Month, Day, Year)
Ē	TED E. H	WHO COMPLETED CAUSE OF D	2	Print)	(E)	/,	11	MAR	YCA	RAL	)	
	31. DATE FILED (Month, Day, Year) MAR 3 1 '97	32. REGISTRANIS SIG	NATURE A	82.								



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ath	Ten	E H	9
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	tha	Pa	43	any
	ires	Sign	Lea	\$
	regu	Lea	6	pho
	WE	S	ept.	23
	The	te ha	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
	N	fical	Sta	=
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BE COMPLETED BY

2

2 Accident

3 Sulcide

4 Nomicide

8 Could not be determined

												32	1018	39
	1 - STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPAR	RTMEN	T OF H	EALTH DE AT	AND I	MENTA	L HYGIEN		- ton	101	, ,
	1. DECEDENT'S NAME (First, Middle, Last)								ALCANTO	OF DEATH	AY	WEAR	3. TIME OF DEA	TH
- 3		Thomas D	avid	Kahn					Mar	ch 27	199	2 YEAR	11:10	PM
10	4. SOCIAL SECURITY NUMBER	1 1	AGE (In yrs. las	st birthday)	IF UNDE	DAYS	IF UNDER		7. DATE	OF BIRTH		8. BIRTH Countr	IPLACE (State or Fe	oreign
	090-30-4625	1 M 2 D F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	. 15,	1938		w York	
_	90. FACILITY NAME (If not institution, give				9b. CIT	r, town o	R LOCATION	ON OF DE	EATH		9c. COU	NTY OF D		
P	15212 Aylesbury	Street			Si	lver	Spr	ing			Mon	tgom	erv	
딦	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	TY.		I so- CIT	Y, TOWN	00 1 0047	1001							
DIRECTOR	Maryland Mont	gomery			lver								10d. INSIDE CITY	
4	10e. STREET AND NUMBER	igomor y		1 01	TACT		. ZIP CODE	r .			I ton CITI	ZEN OF V	1 YES 2 X	NO
FUNERAL	15212 Aylesbury	Stroot				1.00	. 211 0001	-	2090	_				
Š	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13	WAS DEC	ENDENT O	E HICDA		? (Specify Ye		_	States	
ВУ	1 X Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 T	YES 2 X	NO		If yes, spi	cify Cube	n, Mexice Specify	in, Puerto F	tican, etc.)	II OF NO.	Speci	E — American Indi k, White, etc. lly: White	en,
	15. DECEDENT'S EDI (Specify only highest grad	JCATION	18e. DE	CEDENT'S	USUAL O	CCUPATIO	N .		18b.	KIND OF BU	SINESS/IND		MITCE	
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		ive kind of a										
MP		4	Int	erna	tion	al A	ffai:	rs		Labor	Union	n		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, A	fiddle, Meiden	Surname)			
BE	David Kahn						A	dele	Kla	JS				
2	19e. INFORMANT'S NAME (Type/Print)									er, City or Tow				
-	Ralph W. Hoar, c	r.	2	030	Nort	h Ad	ams :	Stre	et,	Arling	ton,	VA	22201	
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 Å□ Cremetion 3 □ Ren	noval from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of		DATE	20c. LC	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)		Subur	ban					3-21	Silv	er Sp	oring	g, Maryl	and
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	)				D ADDRES		CILITY					
	· E'llen	4. K.	RO							ices,			MD 0001	
	23. PART i. Enter the diseases, or	complications that car	used the de	eth. Do r	not enter	the mo	de of dvi	no. auc	h aa cerd	ec or reed	SDI:	ing.	MD 2091	
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one ceuse of	on each lina	١.							,		Interval B	atween
	disease or condition resulting in death)	Acquired	Immur	ne De	efici	ency	Syn	dror	me				Oneat and	Daath
	resulting in death)		AS A CONSE			-0110	0,11	IGI OI						
z	o-mesto ada way radioc-i i	h											İ	
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate	DUE TO (OR	AS A CONSEC	DUENCE OF	F):									
3	Cause, Enter UNDERLYING CAUSE (Disease or Injury	с												
E	that initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE OF	F):									
H	resulting in death) LAST	d												
- 1	PART II. Other algnificant condition	ne contributing to dee	th but not r	esuiting	In the ur	deriving	COLLEGE	liven in	Part I	24e. WAS AN	ALITOROV	Lan	NEGO MEDADA C	
3						donying	couse 8	110011 111	7.001.1.	PERFOR	MED?	240,	WERE AUTOPSY FI AVAILABLE PRIOR	TO .
									-	1 TYES 2	X NO		OF DEATH?	AUSE
Σ									_				1 - YES 2 - P	10
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					42.5								
S	EXAMINER?	HOSPITAL:			OTHE	₹:			ock only one					
¥ A	27. MANNER OF DEATH	1 Inpatient 2 ER/						eldence	8 Other					
	1 Natural 5 Pending	(Month, Day, Ye	oar)	28b. TIMI INJ	URY M	28c. INJU	RK?		28d. DEŞ	CRIBE NOW I	NJURY OCC	URED		
> 1	2 Applicant Investigation					Y	ES 2	NU						

1 X CERTIFYING PHYSICIAN: TO

28e. PLACE OF INJURY — At home, ferm, street, factory building, etc. (Specify)

a, M. D., 1712 I Street, NW, Washington, DC Richard A. DiGioia, 20006

8033

31. DATE THE MASTIN DOYS 972



281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)

29d. DATE SIGNED (Month, Day, Year) ▶ March 28, 1992

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)	RAYMOND T.	KEYS			2. DATE OF DEATN	242	3.	TIME OF DEATH
	Raymond Thomas					03 2	4 1	992	10:00P M
	4, SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		6. BIRTHPLA	NCE (State or Foreign
	579-30-1414	1 🔀 M 2 🗆 F	66 YRS.	MONTHS DAYS	HOURS MIN.	SEPT. 30, 1	925	WASHIN	GTON, D.C.
	Se. FACILITY NAME (If not institution, give stre	net end number)		9b. CITY, TOWN	OR LOCATION OF			NTY OF DEAT	
SH	DOCTORS COMMUNIT	TY HOSPITAL		LANI	IAM		PR	TNCE C	GEORGE'S
5	RESIDENCE OF DECEDENT	1 1.001 11115	-	DAM	IAM		110	THOE	LONGE 5
DIRECTOR	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC				10	d. INSIDE CITY LIMITS?
	MARYLAND PRINCE	GEORGE		HYATTS	VILLE			1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE	-	10g. CfT	ZEN OF WHA	T COUNTRY?
ER	2253 LEWISDALE DRI	VE			2078:	3		USA	
5		12. WAS DECEDENT EVER				NIC ORIGIN? (Specify W	e or No-	14. RACE -	American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1X YES	ATES		specify Cuban, Mexic ES 2 🔀 NO Speci	en, Puerto Ricen, atc.)		Black, W Specify:	hite, stc.
		WW II			21			WHITE	
Ĕ	15. DECEDENT'S EDUCA (Specify only highest grade of	NTION completed)	18e. DECEDENT'S	USUAL OCCUPA		16b. KIND OF BI	JSINESS/INC	DUSTRY	
H	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)	•				
MP	12		SHEET M	ETAL ME	CHANIC	A B CA	RLSON	J	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Melde	Sumeme)		
BE	UNKNOWN		_		LULA	KEYS			
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t end Number or Rural	Route Number, City or To	wn, State, Zip	Code)	
۴	LYNN M. KEYS	(WIFE)	2253 L	EWISDAL	E DRIVE	HYATTSVIL	LE.MA	RYLAND	20783
	20a METHOD OF DISPOSITION 1 DABuriel 2 Cremation 3 Remove		PLACE AND DATE					City or Town,	
	4 Donation 5 Other (Specify)	FR	IEDENS C	HURCH C	EMETERY	3/30 MT.	CRAW	FORD, V	IRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LIGE	NSEE	4	22. NAME	AND ADDRESS OF F	ACILITY			
	D-1-1111	(a. 100	, ()			LLINS FUNE			
	23 PART I STORE THE GROUP OF	auplie		[500 U	NIVERSIT	Y BLVD.,W.	SIL.	SPR.,N	
	23. PART I Enter the diseases, or co shock, or heart fellure. Li	ist only one cause on a	a the death. Do r ach line.	iot enter the n	node of dying, au	ch as cardlec or reap	olratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	-	1.0		// )	To 1			Onset and Death
	resulting in death) a.	Dep:	ils with	1 Mu	Mystern	Failure			
	2					- / -1	1 .	)	
NO	Sequentially list conditions,	11 90010	CONSEQUENCE OF	- better	toin (Nen	- Willed by	46-57	selves)	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	- 44 /	4	F}:					
	CAUSE (Disease or Injury C.	DUE TO COR AS	CONSEQUENCE OF	D.					
Ē	that initiated events resulting in death) LAST	Ca/ +		,	- 4:				
E	d.	Splehill			conjustion				
	PART II. Other eignificant conditions					Part I. 24e. WAS A			RE AUTOPSY FINDINGS
DICAL	blepatis, etidogy	uncertain (No	-vival by	lel 5.	tulies )	1 Ares	RMED?	co	MARLE PRIOR TO MPLETION OF CAUSE
$\overline{\mathbf{u}}$	ITP								DEATH?
H: M								''	, 123 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	hack only one)			
35		HOSPITAL: 1   Inpatient 2   ER/Outs	antions 2 DOA	OTHER:					
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM		NJURY AT	28d. DESCRIBE HOW	IN HURY OC	CHRED	
<u>a</u>		(Month, Day, Year)	INJ	URY V	YES 2 NO	200. DESCRIBE NOW	INJUNY OC	CORED	
	1 Natural 5 Pending					281. LOCATION (Street	and Number	as Burnt Bank	Month
B⊀	2 Accident Investigation	28a. PLACE OF INJURY	- At home form a		TCIII	201. LOCALION STREET	eno number	OF PILITHE PIOLITE	
B⊀		28s. PLACE OF INJURN building, etc. (Spe	— At home, farm, e	,		City or Town, State			
B⊀	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	спу)				)		
B≼	2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PNYSICI	IAN: To the best of my know	ledge, death occurre	ed at the time, da	te end place, and du	s to the ceuse(s) end ma	nner es stat		
B≼	2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PNYSICI	building, etc. (Spe	ledge, death occurre	ed at the time, da	te end place, and du	s to the ceuse(s) end ma	nner es stat		
COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PNYSICI	IAN: To the best of my know	ledge, death occurre	ed at the time, da	te end place, and dust death occured at the	n to the ceuse(s) end me time, date end place, e	nner es stat		d menner as stated.
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of my know. On the best of examination	eledge, death occurre	ed at the time, da	te end place, and dust death occured at the	n to the ceuse(s) end me o time, date end place, e	nner es stat	e cause(s) en	d menner as stated.
COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	IAN: To the best of my know. On the best of examination	ledge, desth occum n and/or investigatio	ed at the time, da in, in my opinion,  Print)	te end place, and dui death occured at the 29c. LICENSE NU D 3 8 2	s to the ceuse(s) end ms time, date end place, e	onner es stat nd dua to th	E SIGNED (Mo	d menner as stated.
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of my know: On the best of examination	ledge, desth occum n and/or investigatio	ed at the time, da in, in my opinion,  Print)	te end place, and dui death occured at the 29c. LICENSE NU D 3 8 2	s to the ceuse(s) end ms time, date end place, e	onner es stat nd dua to th	E SIGNED (Mo	d menner as stated.
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 5 Could not be determined  29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO	IAN: To the best of my know: On the best of examination COMPLETED CAUSE OF DE	n and/or investigation  ATH (ITEM 27) (Type,	od at the time, de n, in my opinion,	te end place, and dui death occured at the 29c. LICENSE NU D 3 8 2	n to the ceuse(s) end me time, date end place, e	onner es stat nd dua to th	E SIGNED (Mo	d menner as stated.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

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O	that
REC	ractions
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OFV	DHYCICIAN
IVISION OF VITAL RECORDS, P.O. BOX 68760,	a ATTENDING DAYCICIAN. The law requires that the death certificate be executed within 24 h
	q

	1. DECEDENT'S NAME (Fi									DATE O	D		YEAR	3. TIME OF DE
	4. SOCIAL SECURITY NU		ANKOSKI 5. SEX	6. AGE (In yrs. le	net hirthrien	IF UNDER 1 Y	FAR	IF UNDER 24 H		MATE OF	h 18,	199		HPLACE (State or
	085 18 29		1 M 2 F	69	YRS.		AYS				ry 16	123	Coun	try)
	9a. FACILITY NAME (If no		street and number)			9b. CITY, TO	WN C	OR LOCATION O	F DEATH			9c. ÇOU	NTY OF	nsylvan DEATH
TOP	Howard Con	unty G		spital		Co1	.um	bia	Н		- (	Но	ward	i
DIREC	10a. STATE Maryland	Howai				lumbia		TION	n	Ξ	- 6			10d. INSIDE CI LIMITS? 1 YES 2
ERAL	100. STREET AND NUMBER 6150 Forel		rth				0.00	21045					S.A.	WHAT COUNTRY
BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 D		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. A I YES 2 T MAR OR DATES		If yo	es, ep	endent of H	exicen, P			or No—	Blac	CE — American in ck, Whita, atc. cdly: White
ETED	15. D (Specify	ECEDENT'S ED	UCATION de completed)	16a. D	ECEDENT'S	USUAL OCCU	JPATIC ng mo	ON pat of working		16b. F	IND OF BU	SINESS/INI	DUSTRY	
APLET	Elementary/Secondary		College (1-4 or 6	+)		work done during retired.)					Ret	ired	l	
BE COMPL	17. FATHER'S NAME (First,	, Middle, Last) Varzal	lv					16. MOTHER		(First, Mic rris		Surname)		
2.	Pennis Kr	e (Type/Print) ankosk	i.					nd Number or I						
	20s. METHOD OF DISPOS 1. Burlet 2 Creme C Donation 6 Ott	etion 3 🗆 Re	moval from State			y or other place				DATE 3/21				Town, Stata
	21. SIGNATURE OF FUNE	FRAL SERVICE I	ICENSEE	-0		22. NA	ME A	MD ADDRESS O			ral I	Home	Inc	
	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (	r haarf fallure	r complications the	use on each lir	na.	not antar th	12 a mo	)1d Cc	1um	bia	Pike	ellic		
ATION	ahock, or IMMEDIATE CAUSE (disease or condition reaulting in death)  Sequentially list conif any, leading to limit	r hear failure	a. DUE TO	to caused that caused that caused that caused that caused that caused that caused the caused that caused the caused that caused the caused that caused the caused that caused the caused that caused the caused that caused the caused that caused tha	DUM DUM EQUENCE	not antar th	12 a mo	)1d Cc	1um	bia	Pike	ellic		Approxi
ERTIFICATION	ahock, or IMMEDIATE CAUSE ( disease or condition reaulting in death)  Sequentially list con-	r hear fellure (Final)	a. DUE TO	O (OR AS A CONS	DUM EQUENCE	not antar th	12 a mo	)1d Cc	1um	bia	Pike	ellic		Approxi
MEDICAL CERTIFICATION	shock, or IMMEDIATE CAUSE (disease or condition reaulting in death)  Sequentially list conif any, leading to improve cause. Enter UNDER CAUSE (Disease or in that initiated events	ditions, mediate siLYING injury	b. DUE TO DUE TO d.	O (OR AS A CONS	EOUENCE	not antar th	a mo	11d Coode of dying,	Such a	e cerdi	Pike RC Or reap	ellic	rrest,	Approxi
AN: MEDICAL	shock, or IMMEDIATE CAUSE (disease or condition reauting in death)  Sequentially list conif any, leading to limit cause. Enter UNDER CAUSE (Disease or it that initiated events reauting in death) L.  PART II. Other signif	ditions, mediate injury  AST	b. DUE TO DUE TO d.	O (OR AS A CONS	EOUENCE	not antar the	12 a mo	) 1d Co	such a	rt I.	Pikee Re or reap	ellic	rrest,	Approxi interval Onset a Onset
AN: MEDICAL	shock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list condition and any, leading to limit cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L.  PART II. Other significations are significantly and cause the examiner of the conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or condition or conditions are significantly as a significant or condition or conditions are significantly as a significant or condition or conditions are significantly as a significant or condition or conditions are significantly as a significant or condition or conditions are significantly as a significant or condition or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significantly as a significant or conditions are significant or conditions are significant or conditions as a significant or conditions are significant or conditions as a significant or conditions are significant or conditions are significant or	ditions, mediate injury  AST	b. DUE TO  d. DUE TO  HOSPITAL:	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE (	orher:	12 a mo	oda of dying,	such a	point only one	Pikee ac or reap	ellic	rrest,	Approxi interval Onset a Onset
SICIAN: MEDICAL	shock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list conif any, leading to immediate. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other signif	ditions, mediate injury  AST	b. Due To  d. Due To  Due To	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE (	OTHER:	a mo	Did Co	such a su	rt I.	Pikee ac or reap	N AUTOPSY RMED?	7 24	Approxi interval Onset a Onset
PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list conif any, leading to limit cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L.  PART II. Other signif	ditions, mediate iLYING njury AST	b. Due To  d. Due To  Due To  Due To  Due To  Due To  Due To  A. Due To  Due T	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE (	OFF:  OFF:	28. Pf g Hom.	JACE OF DEAT	such a su	rt I.	Pikee RC Dr reap	N AUTOPSY RMED?	7 24	Approxi interval Onset a Onset
ED BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list conif any, leading to limit cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L.  PART II. Other signiff  25. WAS CASE REFERRER EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident	ditions, mediate LLYING injury AST	DUE TO  DOBE	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	DOA 26b, Ti	OTHER: 4 Nurshr	a mo	g cause give	n in Par	only one	Pikee RC or reap R44. WAS AT PERFO 1   YES  (Specify)	N AUTOPSYRMED? 2 NO	24	Approxi interval Onset a Onset
MPLETED BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially filst confirmation of the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other signification of the cause of	ditions, mediate LYING injury AST  Ticant condition  D TO MEDICAL  Pending investigation  Could not be determined	DUE TO  DOBE	OF INJURY — At I., etc. (Specify)	DOA 26b. Till the home, farm	OFF:  OFF:	28. Promote the second	g cause give	such a su	rt I.  Only one Other  Bd. DESC. City on	Pikee ac or reap  24a. WAS AT PERFO 1  YES  (Specify) RIBE HOW	N AUTOPSY RMEO? 2 NO INJURY Of and Number as st	24 CCURED or or Rura	Approxi Interval Onset a Onset
PLETED BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially filst confirmation of the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other signification of the cause of	ditions, mediate LYING njury  AST  Condition  Pending investigation  Could not be determined  ERTIFYING PHY  MEDICAL EXAMI	b. Due To  c. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  d. Due To  Due To	OF INJURY — At I., etc. (Specify)	DOA 26b. Till the home, farm	OFF:  OFF:	28. Promote the second	g cause give	n in Paris	only one	Pikee ac or reap  24a. WAS AT PERFO 1  YES  (Specify) RIBE HOW	N AUTOPSY RMEO? 2 NO INJURY OX and Numbers	CCURED or or Rura ated.	Approxi Interval Onset a Onset

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTO

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			E	RTIFICATE	0	F DEAT	ГН		REG. NO.

2

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEI		
DECEDENT'S NAME (First, Middle, Last)	E. KLAPA	c			2. DATE OF DEATN		3. TIME OF DEATH
SOCIAL SECURITY NUMBER 212-24-3962			UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH May 10, Year)	.927	BIRTHPLACE (State or Foreign Country) Virginia
	street and number)	35. Cal	CITY, TOWN	Riverda	-		e George's
a. STATE 10b. COUNT Maryland Prince	e George's		own on Loca Carro				10d. INSIDE CITY UMITS? 1 TYES 2 NG
street and Number 504 Lamont Drive			10	20784			N OF WHAT COUNTRY?
. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XXIO	If yes, so		NIC GRIGIN? (Specify Y in, Puerto Rican, etc.) y:	es or No.— 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 6+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	t done during m stired.)	ost of working	16b. KIND OF B		rporation
FATHER'S NAME (First, Middle, Lent) Thomas Ratliff		Johnnutica	LION AC	16. MOTHER'S NA	ME (First, Middle, Meide Clifton		rporacion
Ramon Renasco					Route Number, City or To Carrolton		
	Rend	the death. Do not	9013	Annapolis	inham Fune Road, Lan	ham,Ma	ryland 20706
MMEDIATE CAUSE (Fine) leases or condition psuiting in death) lequentially list conditions, any, leading to immediate ause. Enter UNDERLYING	b. Metusta	CONSEQUENCE OF):	g Disea	ise. F	re ARRY Pericara		
AUSE (Disease or injury hat initiated eventa soulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	Į INE				
Pericand condition Pericandial Liver Curhosi Eson hus			11.00		1	ORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F THER:	LACE OF DEATH (C)	heck only one)		
1 TYES 2 NO	1/□ Inpatient 2 □ ER/Outpe 28s. DATE OF INJURY	26b. TIME (	OF 28c, IN	JURY AT	6 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCU	RED
1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, Year)  28e. PLACE OF INJURY	— At home, farm, stre	M 1 🗆	ORK? YES 2 NG	28f. LOCATION (Street	at and Number o	r Rural Route Number
Homicide determined      CERTIFIER (Check only)  CERTIFYING PNYS	BICIAN: To the best of my knowle	ny) edge, death occurred	at the time, dat	a and place, and du		tenner aa stated	i, cause(a) and manner as stated,
	Cit. On the paste of examination	entror investigation,	in my opimon,	death occurso at the	r time, cate and place,	and due to me	cause(a) and manner as stated.
9b, SIGNATURE AND TITLE OF CERTIFIE	afgen 17.0			29c. LICENSE NU D 163	286	13	SIONED (Month, Day, Year) 23-92  9x222 13211 207



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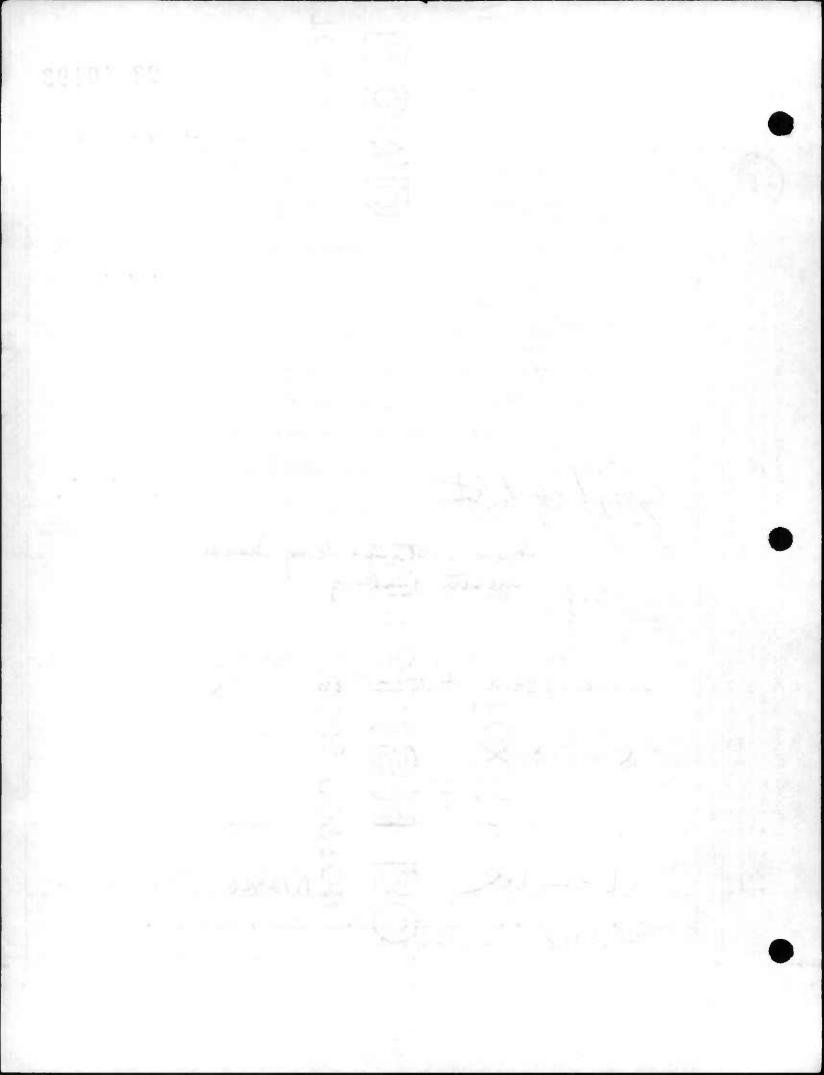
FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 m.03 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL HYGIEN
CERTIFICATE OF DEATH	REG. NO

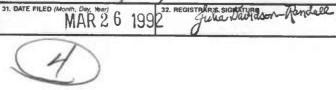
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATN
	Dia		ouise	Krueger					3 2	4	92	9 A M M
	4. SOCIAL SECURITY NUMBER		5. SEX 1 ☐ M 2 ☑ F	8. AGE (In yrs. le:	t birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	000	Country	
	361-20-0			64	11101	9b. CITY.	TOWN	OR LOCATION OF DE	02-03-1		TTTT	nois
DIRECTOR	Southern M	arylar		tal Cent	er	Cli						George's
<u>ي</u>	10e. STATE	10b. COUNT	Υ		10c. CI	Y, TOWN O	R LOCA	TION				10d. INSIDE CITY
	Maryland	Anne	Arundel		Ha	arwoo	d		l brack			1 ☐ YES 2 NO
FUNERAL	10s. STREET AND NUMBER						10	. ZIP CODE				VHAT COUNTRY?
ÿ	4748J Fland	ers La				La		2077	-	_	S.	
BY FU	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. A1 1  YES 2 WAR OR DATES	NO .	11	yes, sp		NIC ORIGIN? (Specify ' in, Puerto Rican, etc.) y:	rea or No-	14, RACE Black Speci	— American Indian, t, White, etc.
			The second	1								White
	(Specify onl	EDENT'S EDU y highest grade	completed)	(0		work done done of retired.)		ON ost of working	16b. KIND OF E	IUSINESS/IN	IDUSTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5		itres	35			Re	stau	rant	
No.	17. FATNER'S NAME (First, M	licidle, Last)		110	TOT C	30		18. MOTHER'S NA	ME (First, Middle, Maid			
BE C	Clarence	Edw:	in Fras	er				Ida	Theodore	e Kra	ass	
0 8	19a, INFORMANT'S NAME (	Type/Print)		19	b. MAILIN	ADDRESS	(Street	and Number or Rural	Route Number, City or 1	own, State, Z	(ip Code)	
F	Dale Krue								d., Edgev			
	20a. METHOD OF DISPOSIT  1 □ Burial 2 Crematic  4 □ Donation 5 □ Other		noval from State	of cometan	compto	y or other pi	lacel	7 3-26	OATE 20c.	Clir		
	21. SIGNATURE OF PUNERA	L SERVICE LI	CENSEE	11	-	22.1	NAME A	ND ADDRESS OF FA	currLee Fu	peral	Home	. Inc.
	· Cory	sh 1	Bout	John		66	33 (	Old Alexa	ander Feri	ry Rd	.,Cli	nton,Md.
CERTIFICATION	disease or condition resulting in death)  Sequentielly list condit if sny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injutted events resulting in death) LAS	diete ING ury	b. Cyc	O (OR AS A CONSE	SOUENCE (	rofe	ing	Lesna !	Visase			
	PART II. Other significa		d.	n death but not		In the un	do di do	e sausa shara la	Sout Law und	AN AUTOPS	v Tau	. WERE AUTOPSY FINDINGS
V: MEDICAL	Carciner		0 N/1	L; Acc	A (	Gast	ral	Course given in	PERI	ORMED?	246	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
M	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL						LACE OF DEATH (C	neck only one)			
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nun		ne 5 🗆 Residence	6 Other (Specify)			
PHYSICIAN:		Pending	28a. DATE ( (Month,	Dey, Year)	26b. TI	ME OF IJURY M	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY O	CCURED	
FED BY	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	28e. PLACE building	OF INJURY — At h g, atc. (Specify)	ome, ferm,	street, fact	ory, offi	00	26f. LOCATION (Stra City or Town, Str		per or Rural	Route Number,
COMPLET	onel only								e to the cause(a) and of time, deta and place,			a) and manner as stated.
BE C	29b. SIGNATURE AND TITL	E OF CERTIFIE	ER AAN		7			29c. LICENSE NU	MBER CIDIC	29d. D	TE SIGNET	(Month, Day, Year)
5	30. NAME AND ADDRESS O	F PERSON VI	HO COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)		1110	100	-	1	111-
	Louis V.		n, M.D.	8926 W	oodva	ard Ro	1	Suite 60	2. Clinto	on. Mo	1. 2	0735
	31. DATE FILE MATE 2	6" 199	2 32. RECORST	AR'S BIGNATURE	Rand	200_						





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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 992 6:53P near Bertha A. Kasulke 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR P 577-36-3409-B DAYS 1910 Baltimore, MD 1 M 2 M 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR Prince George's Comm. Hosp. Cheverly Prince George's 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Forestville 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1204 Darlington Street 20747 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Wildowed 4 Divorced BY 1 YES ZXNO Specify: Specify: Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5 +) 7th N/A Bookkeeper Andrews Air Force Base 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Clara Young Arthur L. Day 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elizabeth Klock Same as 10 A-F 3-2794052 20c. LOCATION - City or Town, State 20s METHOD OF DISPOSITION
1A Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donetion 5 Other (Specify) Epiphany Episcopal Ch. Cent Forestville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md 207\$5 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition\_ Cardiores resulting in death) DUE TO (OR AS A CONSEDUCACE OF): Corenary artery CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING pertensive CAUSE (Disesse Dr Injury (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO abstructive COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE RESEMBED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 PYES 2 NO 1 | Inpetiant 2 | ER/Outpetiant 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 4 🔲 Homicide 29a. CERTIFIER (Check only LERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d DATE SIGNED (Month, Day, Year) BE



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with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
the	10
with	ked
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31/DATE FILED (MORITI, Day, Year)
MAR 3 1 92

1. DECEDENT'S NAME	(First, Middle, Last)				TOATE C	F DEAT			REG.	1			E OF DEATH	+
MITCHELL		FRANCIS			KUSTE	R		03	2	8	92	12:	20	A
4. SOCIAL SECURITY	NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEA			7. DATE	OF BIRTH	4			(State or Fore	ign
212-96-		1 M 2 D F	27	YRS.	MONTHS DAY	8 HOURS	MIN.	0°C	th, Day, Year	, 196	547	Wash	. D.C	
9a. FACILITY NAME (#	not institution, give	street and number)			9b. CITY, TOV	N OR LOCATIO	ON OF DE	EATH		9c. C0	DUNTY O	F DEATH		
RTE.228		F BEALE	HILL	RD.	WAL DO	RF				CH	ARL	ES C	COUNT	Y
RESIDENCE OF	10b. COUNT	ry		10c. CIT	Y, TOWN OR LC	CATION		_				104 1	NSIDE CITY	
Md.	Cha	rles			ldorf							E	IMITS? YES 2 X N	
10e. STREET AND NUM	R38W			1	T	101. ZIP CODE		_		10a. C	TIZEN (	OF WHAT C		
16101	Beall	Hill Roa	he			20601				US				
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13. WAS	DECENDENT OF		VIC ORIGI	N? (Specify			ACE - Am	erican Indian	
1 Never Married 3 Widowed 4		FORCES? 1	YES 2	<del>(1</del> 0	If yes	specify Cuber (ES 2 NO	Marica	n Puerto	Rican, etc.		8	leck, white	erican Indian o, etc.	4
15 (Speci	DECEDENT'S EDI	JCATION e completed)	16a. Di	ECEDENT'S	USUAL OCCUP	ATION		16	b. KIND OF	BUSINESS/I	INDUSTR	ry		
Elementary/Second	lary (0-12)	College (1-4 or 5	)		work done during se retired.)	on or working								
10th gr			Car	rpen.	ter					ruct		1		
17. FATHER'S NAME (FI		- TTT				1.		-		den Surname	)			
Melvin		ter III	100				_	_	renc					_
Patrici		uster		610.	ADDRESS (Smi	l Hil							20601	
20a, METHOD OF DISP 1   Burlal 2   Cred 4   Donation 8	mation 3 🗆 Ren	noval from State	20b. PLACE	AND DATE	of DISPOSITION other place) Mem. C	(Name of		DAT		LOCATION	— City o	r Town, Sta	te	
	Ottier (obecny)			1 1 1 V									~	
21. SIGNATURE OF FUI	NERAL SERVICE LI	CENSEE		1209			S OF FA	1 -1 1		Walu	1011	, M	١.	
21. SIGNATURE OF FUI	Matthe	EWS MODE			The	Hunt	t. F	une	ralH	ome,	In	с.	5	2
Ben 23. PART I. Enter ti	Matthe ha diseases, or	EWS MODE	58 t caused the di	eath. Do (	The P.O	Hunt Box	t. F.	une 6,	ralH Wald	ome,	In Md	c.	604	
Ben 23. PART I. Enter ti	Matthe ha diseases, or or haart fellure.	CWS MOO6	58 t caused the di	eath. Do (	22. NAME The P. O	Hunt Box	t. F.	une 6,	ralH Wald	ome,	In Md	c.	1604	Nee
Ben  23. PART I. Enter ti shock, IMMEDIATE CAUSE disesse or condition	Matthe ha diseases, or or heart feliure.	ews MOO6 complications the List only one cou	558 t caused the di se on each line	anth. Do	22. NAME THE P. O	Hunt Box	t. F.	une 6,	ralH Wald	ome,	In Md	c.	1604 Approximati	N00
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32. REGISTRAN'S SIGNATURE

Fulsa Davidson-Randalle

PENN STREET, BALTIMORE, MARYLAND 21201

THE ST	thin 7	JNERAL.	OSPITAL	
DOM: WHITE	the to be on the death with the Cody Day of Table and Mental Fortiers of	UNERAL DIRECTOR: After this certificate has been signed by the attending physi-	IOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate	
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		1 - STATE REGISTRAR	STATE OF MARYLAN		ICATE OF		REG. NO.	E	
	ŀ	1. DECEDENT'S NAME (First, Middle, Last)	Luck	e /			2. DATE OF DEATH DA	2 9 7	3. TIME OF DEATH  12:30 PM
			SEX 8. AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	NEW YORK
	SH.	9a. FACILITY NAME (If not institution, give street NATIONAL LUTH				VILLE	ATH	9c. COUNTY O	GOMERY CO.
	DIRECTOR	10a. STATE 10b. COUNTY  MD . MON	TGOMER' CC		Y, TOWN OR LOCATION	on KVILLE			10d, INSIDE CITY LIMITS?  XXYES 2 \( \) NO
	- 1	10e. STREET AND NUMBER 9701- VEIRS		1		ZIP CODE 20850		100	OF WHAT COUNTRY?
	BY FUNERAL		2. WAS DECEDENT EVER IN L	SXXINO	If yes, ape	ENDENT OF HISPANI	IC ORIGIN? (Specify Yes	or No- 14. I	RACE — American Indian, Black, Whita, etc. Specify: WHITE
	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor  Elementary/Secondary (0-12)		(Give kind of ille. Do NOT u		t of working	166. KIND OF BU		EPHONE CO.
notified at once.	w l	17. FATHER'S NAME (First, Middle, Lest)  JOHN T. LUCKE	R				AE (First, Middle, Meiden		
notified	TO B	19a, INFORMANT'S NAME (Type/Print)  LOIS A. DURR					POCKVILL	116.11	
must be		20a. METHOD OF DISPOSITION  1X Description   1	I from State	PLACE OF DISPO	SITION (Name of com	etery, crematory or	20c. LO	CATION — City	
medical examiner		21. SIGHATURE CONFUNESIAL SERVICE LICEN		in object	HYS	ONG CO.	BLITY		
ã		22. PART I. Enter the diseases, or conshock, or heart failure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one saude on each	lio.	pul	de of dying, such	as cardiac or resp	irstory arrest,	Approximate Interval Between Onset and Death
other traumatic event,	NO	Sequentially list conditions,	DUE TO (OR AS A C	nei	7 08	0. vo x	confi	rung	and .
her traur	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO OH A A	CONSEQUENCE O	Je .	he	#1	cash	no
iry, or o	ERT	resulting in death) LAST					-0		
shows any inju	MEDICAL	PART II. Other arghiticant conditions	pontributing to death bu	not resulting	in the underlying	cause given in	Port I. 24s. WAS AMPERFO	RMED7	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	OSPITAL: X Inpatient 2 D ER/Outpe	Hant 3 17 DOS	· · · · · · · · · · · · · · · · · · ·	ACE OF DEATH (Ch	6 ( Other (Specify)		
marked, or		27. MANNER OF DEATH  XXMehund 5 Pending	28s. DATE OF BUURY (Month, Day, Year)	28b, TR	ME OF 28c. INJ.		28d. DESCRIBE HOW	INJURY OCCUR	ED
28 Is	TED BY	2 Accident Investigation 3 Buickle s Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specif		street, factory, office	•	381. LOCATION (Street City or Town, State	and Number or F )	Turnif Route Number;
TT. If Item	COMPLET	(Critical Orlly	AN: To the best of my knowle						ause(s) and manner as stated.
IMPORTANT:	O BE C	290 SIGNATURE AND TITLE OPICERTIFIER	w.Ka	sh	wo	29c. LICENSE NUN	726	≥ 3 PATE SI	1916 (Month, Day, Year) 123/92
	F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (7/10	on Print)				1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED QUISE OF DEATH (ITEM 27) (Type, Print)

CHARLES W. KARESH 15225-SHADY GROVE RD., ROCKVILLE, MD.

32. REGISTRAR'S SIGNATURE Julia Davidson Bando 82

TO THE HO TO THE FU be filed with

31. DATE FILED (Month, Day, Year)
MAR 26 '92

DHMH-16 Rev 1/89

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	FOR Items: 2: 1 - STATE REGISTRAR	STATE OF	27 pe MARYLAND/ CI	r ME DEPAR ERTIF	TMEN	-68 T OF H	6 4/ IEALTH	20/ AND	92 MENTA	reb AL HYGIEI		92	10	197
	1. DECEDENT'S NAME (First, Middle, Last	")			IOA		DEA	111		E OF DEATH		-	3. TIME OF DE	EATH
	ERIC HA	NXI			DE:	E			0.3	TH I	21	92	5:00	Pw
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH		8. BIRTI	IPLACE (State or	
	212-35-7071	1X M 2 F		YRS.	МОДТНЕ	6 6	HOURS	MIN.		15.	1991	Mar	vland	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D				NTY OF E	4	
FUNERAL DIRECTOR	HOLY CROSS HOS	PITAL			SI	VEI	R SP	RIN	G		MON	TGO	MERY	
JEC.	10a. STATE 10b. COUN	TY		10c, CI1	Y, TOWN	OR LOCA	TION						10d. INSIDE C	ITY
ō	Maryland Mon	tgomery		Whe	eator	1							LIMITS?	NO NO
IAL	10e. STREET AND NUMBER					10	ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY	7
LER L	12722 Feldon Str	eet						209	906		Uni	ted	States	
ВУ	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AF 1 YES 2 XI WAR OR DATES	RMED NO	- 1	If yes, ap		ın, Mexici	en, Puerto	iN? (Specify Yes Ricen, etc.)	ea or No—	Spec	E — American ir k, White, atc. ily:	ndian,
	15. DECEDENT'S ED (Specify only highest grad	de completed)	/G	ECEDENT'S	work done	during me	ON ast of workle	ng.	16	b. KIND OF BU	ISINESS/IN			
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	Do NOT u	se retired.)				-1-					
COMPLETED	0			None						None				
	17. FATHER'S NAME (First, Middle, Last) Wayne Lee									Middle, Maldel	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		10	b MARINI	ADDRES	P (Panes)			ng P	mber, City or To	0			
2	Wayne Lee									aton,				
	20a, METHOD OF DISPOSITION		20b. PLACE					,		TE 20c. L			State	
	1 X Buriet 2 Cremation 3 Res	movet from State	Gate	emetory or c	ther place	en C	emete	orv.					ng, Mar	hasiv
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	200		22. Ra	SPP	FUNE:	ss of FA	Serv	ices,	P. A		MD 209	
	23. PART I. Enter the diseases, or	complications the	at coused the de	eath. Do	not enter	r the mo	de of dy	ing, aud	ch ss cs	rdiac or resp	olretory ar	rest,	Approxi	
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	8	O (OR AS A CONSE			Sud	den	Inf	ant	Deat	h Sy	ndr	Onset a	Between and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSE			_								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d.	(OR AS A CONSE	OUENCE O	F):									
PHYSICIAN: MEDICAL (	PART II. Other significent condition	one contributing to	deeth but not i	reaulting	In the u	nderlyin	ceuse (	given in	Part I.	24a. WAS AI PERFO		246	WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE
2 2												-	Mes 2	J NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	neck only o	one)				
Sic	EXAMINER?  1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE		o 5 □ Re	eldence	8 🗆 Oth	er (Specify)				
훉	27. MANNER OF DEATH	28a. DATE OF		28b. TIN	_	28c, INJ			_	SCRIBE HOW	INJURY OC	CURED		
ВУ	1 Natural 5 heading Investigation		-,,		M		ES 2	NO						
_	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE ( building	OF INJURY — At he, etc. (Specify)	ome, farm,	street, fac	tory, offic				CATION (Street y or Town, State		r or Rural I	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY MEDICAL EXAMIN	SICIAN: To the best o											i) and manner ac	n stated.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE

PENN

29d. DATE SIGNED (Morrith, Day, Year)

▶ 03/22/92 29c. LICENSE NUMBER O.C.M.E. STREET, BALTIMORE, MARYLAND

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAR 30 92

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If hem 28 is marked as item 23 shows one injury as other traumatic arent the marked avantages must be marked at some

		CEF				•		REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE			YEAR	3. TIME OF DEATH
John 4. SOCIAL SECURITY NUMBER	Pau S. SEX	AGE (In yrs. last bi	Lawr	ence	7		3	2			11:42 F
216-58-7310	1 M 2 F	4.0	YRS. MONTH		HOURS 24	HRS.		of BIRTH		Countr	
9a. FACILITY NAME (If not institution, give s		10		TY TOWN	OR LOCATION	OF D		21-21	9c. COUNT		shington 1
The state of the s		1 Canh				0, 0	CAIII				
Prince Georges									briu	ce	Georges
Prince Georges RESIDENCE OF DECEDENT  10a. STATE  Maryland  Prince Georges 10b. country			10c. CITY, TOW								10d. INSIDE CITY LIMITS?
Maryland Prir	nce Georges	5	BeT	svil					1		1   YES 2   N
11812 Macon St.				1	f. ZIP CODE						VHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EV	FR IN U.S. ARME	ED 1		20705	MEDA	NIC ODIG	N? (Specify Ye		5.A.	- American indian,
1 Never Married 2 Merried	FORCES? 1 1	YES 2 NO		Il yes, sp	ecify Cuben,	Mexic	en, Puerto	Rican, etc.)	W W W W	Black	white, atc.  "y: white, atc.
3 Widowed 4 Divorced					2 22110	apeci	·,-			Speci	w.wiltce
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	DENT'S USUAL	ne durina mo	ON ost of working		164	. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12) 12 years	Coffege (1-4 or 5+)	IIIe. Do	o NOT use retired	d.)							
17. FATHER'S NAME (First, Middle, Lest)		une	employe	eu.	10 140001	310	ME (E)	Middle Meider			
John Paul Lawr	rence Sr.								Young	4	
19a. INFORMANT'S NAME (Type/Print)		19b. N	MAILING ADDR	ESS (Street e							
John Paul Lawrence	æ Sr.		312 Mac						207	-	
20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☒ Cremetion 3 □ Rem	1.7-21.1-1	20b. PLACE AND	D DATE OF DISP	OSITION (N	ame of		DAT		DCATION — CI	-	wn, State
4 Donation 8 Other (Specify)	oval from State	Metrop	OLI tan	"Cre	natory		3-28-	-92 A	lexand	ria	. Va.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		4 0 2	2. NAME A	ND ADDRESS	OF FA	CILITY				
<b>■</b> ► × // // //	(1 7)			20000				TT/mma -			
23. PART I. Enter the diseases, or on shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a	gwan used the death on each line.	h. Do not en			Be.	ltsv	lle M	d. 20	705	Approximate Interval Bets
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immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUE	h. Do not ent	underlyin	de of dying	Be:	Part I.	24a. WAS AN PERFO	d. 20 hratory arres	9705 st,	Approximate Interval Bett Onset and E Onse
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	a.  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUE AS A CONSEQUE th but not rest	ENCE OF):  ENCE OF):  ENCE OF):  OTH  DOA OTH	underlying 26. Pi	g cause giv	en in	Part I.	24a. WAS APPERFO	d. 20 hratory arres	9705 st,	Approximate Interval Bett Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a.  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUE  AS A C	h. Do not ent  h. Do not ent  ence OF):  ence OF):  ence OF):  alting in the	underlyin  26. Pi  ER: tursing Horr	g cause giv	en in	Part I.	24a. WAS AN PERFO	d. 20 hiratory arres	24b.	Approximate Interval Bett Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E Oneet and E One
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	a.  DUE TO (OR  DU	AS A CONSEQUE  AS A C	h. Do not ent  ENCE OF):  ENCE OF):  Ulting in the  DOA OTH DO	underlyin  26. Pi  ER: tursing Horn  28c. RM	g cause giv	en in	Part I.	24a. WAS AMPERFO	A AUTOPSY RMED?  2 NO	246.	Approximate Interval Bett Onset and Conset a
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a.  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUE  AS A C	h. Do not ent  ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the  28b. TIME OF RNJURY  O: OOL	underlyin  26. Pi ER: Ruraing Hom  28c. INJ WC 1 1 1 3	g cause giv	en in	Part I.  s only one delication of the control of th	24a. WAS AN PERFO	N AUTOPSY RMEO?  2 NO  INJURY OCCURAN  OF AN AUTOPSY RMEO?  2 NO  INJURY OCCURAN  OF AN AUTOPSY RMEO?  AN AUTOPSY RMEO?  AN AUTOPSY RMEO?  AN AUTOPSY RMEO?  AN AUTOPSY RMEO?  AN AUTOPSY RMEO?	246.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 DYES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S Pending Investigation  2 Nocident Suicide S Could not be determined	B. Contributing to dea  HOSPITAL:  1 □ Inpatient 2 ≥ ER/  28s. DATE OF INJU (Month, Dey, 16 3 - 2.7 - P. 28s. PLACE OF INJU building, etc.	AS A CONSEQUE  AS A C	h. Do not ent  ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the  DOA 4 h. h.  ROUNTY  O O O O O O O O O O O O O O O O O O O	underlyin  26. Pi ER: tursing Horr  28c. INJ WC 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause give	en in	Part I.  South as car  only on  south on  south only on  south only on  south only on  south only on  south only on  south only on  south only on  south on  sout	24a. WAS AN PERFO  17 CYES:  or (Specify) SCRIBE HOW STRICE ATION (Street or Town, State O B1.	NAUTOPSY RMEO? 2 NO INJURY OCCUR AN Stanton Number of OCK B	246.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 DYES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Suicide Could not be determined Check only  29s. CERTIFIER CertifyING PHYSIC	B contributing to dea  HOSPITAL: 1   Impatient 22 ER/   28e. DATE OF INJU (Month, Dey, 16 3 - 2, 7 - 9 28e. PLACE OF IN, building, etc. (CIAN: To the best of my keeps)	AS A CONSEQUE  AS A C	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  Uilling in the  DOA   OTH	underlyin  26. Pi  ER: turning Horn  28c. INA  1	g cause give	Being succession in the succes	Part I.  Part I.  28d. DE PG Children C	24a. WAS AN PERFO	N AUTOPSY RMEO? 2 NO INJURY OCCUPAN VEN and Number or ock B	246.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1  YES 2 No
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Netural	a.  DUE TO (OR  DU	AS A CONSEQUE  AS A C	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  Uilling in the  DOA   OTH	underlyin  26. Pi  ER: turning Horn  28c. INA  1	g cause giv	Be., suc	Part I.  S Oth  28d. DE  Colo. Colo.  S 6 0 the catime, date	24a. WAS AN PERFO	N AUTOPSY RMEO? 2 NO INJURY OCCURAN Standard Number or of	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 DYES 2 NO Ck by courte Number, Limore F
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Suicide Could not be determined Check only  29s. CERTIFIER CertifyING PHYSIC	a.  DUE TO (OR  DU	AS A CONSEQUE  AS A C	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  Uilling in the  DOA   OTH	underlyin  26. Pi  ER: turning Horn  28c. INA  1	g cause giv	Be., successful succes	Part I.  S Other  28d. DE  PG-Cle  28f. Corr  86 (	24a. WAS AN PERFO	A AUTOPSY RMEO?  2 NO  INJURY OCCU AN VEN  ord Number or  OCK B  inner se stated and due to the	246.	Approximate Interval Betwonset and Conset an
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH  1 Notural S Pending Investigation S Suicide S Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	a.  DUE TO (OR  DU	AS A CONSEQUE  AS A C	h. Do not ent  ENCE OF):  ENCE OF):  ENCE OF):  Ulting in the  DOA 4	underlyin  26. Pi  ER: turning Horn  28c. INA  1	g cause giv	Be., successful succes	Part I.  S Other  28d. DE  PG-Cle  28f. Corr  86 (	24a. WAS AN PERFO	N AUTOPSY RMEO? 2 NO INJURY OCCURAN Standard Number or of	246.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 DYES 2 NO CK by Courte Number, Cimore A Ond meniner ee state (Month, Dey, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Netural	a.  DUE TO (OR  DU	AS A CONSEQUE  AS A C	h. Do not ent  ENCE OF):  ENCE OF):  ENCE OF):  Utiling in the  28b. TIME OF RNJURY  O: OOE 1 cocurred at the patigation, in m	underlyin  26. Pi ER: Rursing Hom 28c. INJ WC 1 1 3 actory, office et time, date y opinion, d	g cause give  ACE OF DEA  THE STATE OF DEA  THE	en in  FH (CA)  Hence  HO  M  M	Part I.  solvent only of the cast time, date  week only of the cast time, date  were only of the cast time,	24a. WAS AN PERFO	N AUTOPSY RMEO?  2 NO  INJURY OCCURANTY  OCK  OCK  Broner se stated and due to the  29d. DATE:  3 -	246.	WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 DYES 2 NO CK by Courte Number, I MOTE A

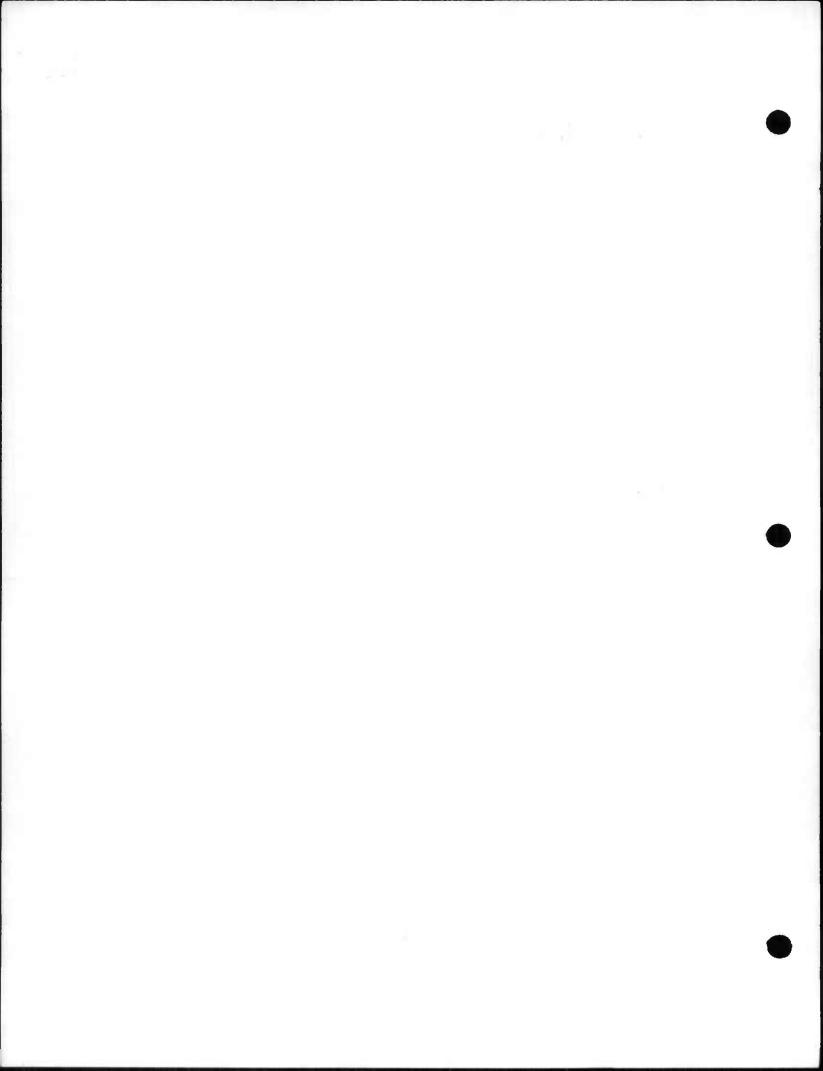
furs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECT

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filed in by the funeral director, page 5 should be detached for use as the be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H TO THE FI Se filed w

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIEN BEG NO	E			
1. DECEDENT'S NAME (First, Middle, Last)	·— - :			<b>D L J I I I I</b>		F OEATH		3.	TIME OF OEAT	н
Albert Ni	ı Lin				Marc		1992	PAP (	9:14	Ам
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yr		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8.	BIRTHPLA	CE (State or For	
493-66-0469	⊠ M 2 □ F 34	YAS.	THE DAYS	HOURS MIN.		29,		New	York	
9a. FACILITY NAME (If not institution, give street		9b.	CITY, TOWN	OR LOCATION OF DE		_2,	9c. COUNTY			
Shady Grove Advent	ist Hospital	L	Rockt	ville			M	ontgo	omery	
10a, STATE 10b, COUNTY			WN OR LOCAT	ION				100	1. INSIDE CITY	-
Maryland Monto	ZOMOVII.								LIMITS?	NO
10e. STREET AND NUMBER	gomery	_ Gai	therst.	. ZIP CODE			10g. CITIZEI		COUNTRY?	
20132 Torrey Pond	l Place		- 1	20879					tates	- 1
	. WAS DECEDENT EVER IN U.S		13. WAS DEC	ENDENT OF HISPAN	VIC ORIGIN?	(Specify Yes		BACE -	American India	n,
1 🖔 Never Married 2 🗌 Married	FORCES? 1 YES 2			city Cuban, Mexica 2 X NO Specify		cen, etc.)		Black, W Specify:	hite, atc.	
3 Widowed 4 Divorced								(	rienta	11
15. DECEDENT'S EDUCATE (Specify only highest grade corr		<ul> <li>OECEDENT'S USU (Give kind of work)</li> </ul>	done during ma	ON at of working	16b.	KIND OF BU	BINESS/INDUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use ret Structura	l Engi	neer/	Na	ationa	al Ins	titut	ce of	
	5+ E	Earthquak	e Spec					Techr	ology	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA						
Tse Wen Li	.n			Tzi		Ing	Lin			
19a. INFORMANT'S NAME (Type/Print)		and the state of t		and Number or Rural					20879	
Tse Wen Lin	1.00			Pond Pla	ce, G	_				
1 ☐ Buriel 2 X Cremetion 3 ☐ Removal	t from State off	ACE OF DISPOSITIO					CATION — CIT	1117-110-2		
4 Donetion 5 Other (Specify)		tgomery (					hesda,		yland	
Parkers Comem	AA AMOO	831	Rober	D ADDRESS OF FA	iphre	Fune	ral H	ome/	Wines	
Larbara yor (cr)	Julien Jawhe	na	Avenu	sda-Chev e, Bethe	sda,	Mary]	and 2	20814	1-3501	ISIII
23. PART I. Enter the diseeses, or com shock, or heart failure. List			enter the mo	de of dying, suc	h ae card	ec or reep	ratory arrea	t,	Approxima	
IMMEDIATE CAUSE (Finel	. Only one course on such	1		/			-7		Onset and	
disease or condition	ME	Hartot	The s	Lerate	cell	Mey	Ca		6 =	70
	DUE TO (OR AS A CO	ONSEQUENCE OF):	11	1 1	/		,	n		
Sequentially list conditions, b	Uys	A A A CONSEQUENCE OF):	Lices	any of	up	saye	Lagre	-		
If any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):					may.		ļ	
cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO								-	
that initiated events resulting in deeth) LAST	DUE TO (OH AS A CO	INSECUENCE OF):							İ	
d									<del> </del>	
PART II. Other significent conditions c	ontributing to death but	not resuiting in ti	he underlyin	g ceuse given in	Part I.	24s. WAS AN			RE AUTOPSY FI	
					_	1 YES 2		CO	MPLETION OF C	
								-	YES 2	10
					_					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	neck only one	)				
	OSPITAL: Inpatient 2 - ER/Outpatie		THER: □ Nursing Hon	ne 5 🗆 Residence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. IN.	JURY AT	28d. OEŞ	CRISE HOW	NJURY OCCU	RED		
1 Natural 5 Pending 2 Accident Investigation	(Morkii, Day, Ibar)	in sont		YES 2 NO						
3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	t, factory, offic	:0	281. LOCA	TION (Street or Town, State	and Number or	Rural Rout	e Number,	
4 Homicide determined	building, area (opecity)				City	i lown, State,				
290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledg	ge, death occurred =	t the time. dete	end place, and due	to the cau	se(a) end ma	nner as stated			
000)	On the basis of examination er								nd menner as s	tated.
29b. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NU		2012				- III
The or central	10 -	m		0146			293. DATE 8	MINED (M	onth, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO C	COMPCETED CAUSE OF OFATI	(ITEM 27) (Tune Prin	nt)				1 , ,	12	4/6	- 1
Ronald	GREGE		1001	Ouxiet	-	vill 1	70	Gai	there	burg
31. DATE FILED (Month, Day, Year) MAR 3 0 °92	J. BEGIS MARIS SIGNAT	Jandell								28



ges 1, 2, 3 should

E	
examiner	
medical	
the	
event,	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
r other	RTIFI
V. 0	Щ
injur	AI
any	2
shows	ME
23	Z
Item	SICI
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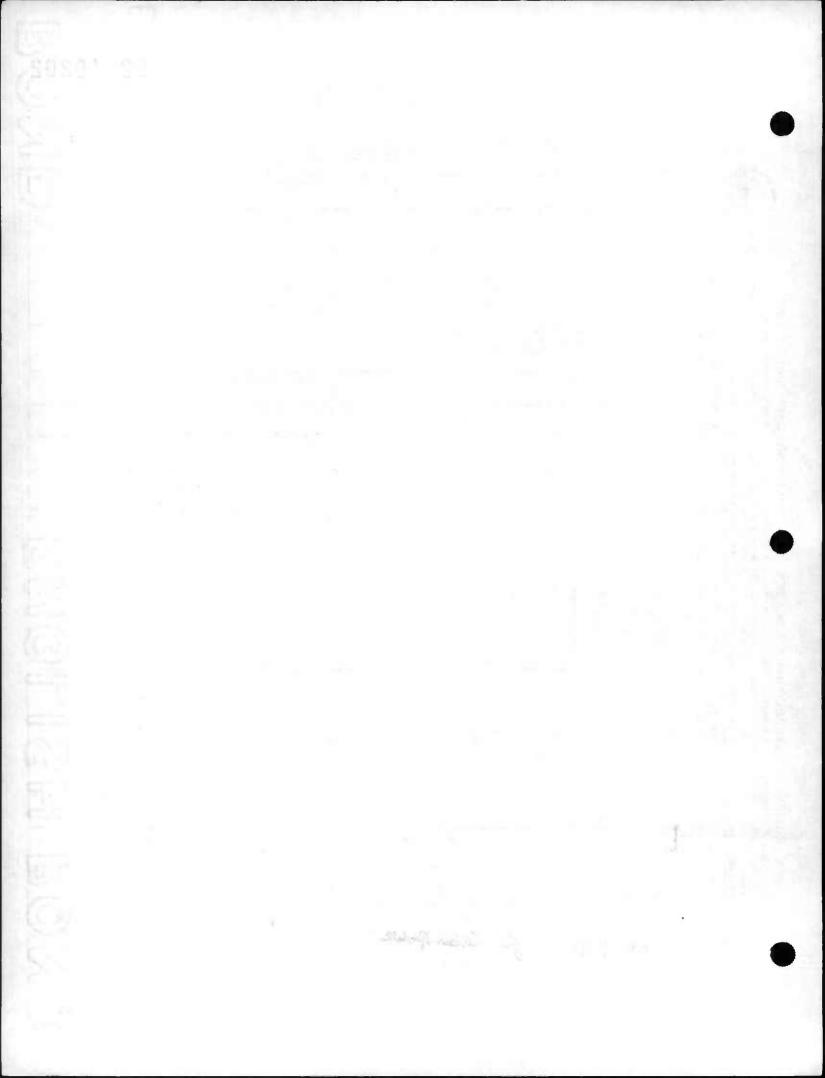
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIE		- 10200		
		LEN E	LON	6		2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 017-12-0816	1 🗆 M 2 🔀 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	7 DATE OF BIRTH			
E CH	9a. FACILITY NAME (If not institution, give s Baltimore Counts RESIDENCE OF DECEDENT				or location of D Ulstown		sc. COUNTY OF DEATH Baltimore			
DIRECTOR	10a, STATE 10b, COUNT	r Etimore	10c. CITY,	Reiste	rstown		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER  320 Estate Roa	ıd		101	21136	5		N OF WHAT COUNTRY?		
BY FUL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	1 Never Married 2 Merried FORCES? 1 YES 2 N			MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— H yea, specify Cuban, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify: Www.					
rreien	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use n HOUS CW	VAL OCCUPATION k done during most of working silved.)  16b. KIND OF BUSINESS/INDUSTRY						
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Frank Moran		nousea	che		MOTHER'S NAME (First, Middle, Malden Surname) Helen Landry				
2	190. INFORMANT'S NAME (Type/Print) Gardner R. Long		and Number or Paural Poure Number, City or Town, State, Zip Code)							
	20a. METHOD OF DISPOSITION 1	noval from Stata cen	p. PLACE AND DATE OF I	rematio	n 4-	-1-92 Ha		or Town, Stata		
	· C. Bri	an Powel	u	Eline	Funeral	11824 L Home Re	istersi	erstown Rd. town, Md.21136		
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert feiture. List only one cause on each ilne.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  LIVER FA' LUME: DESCINNIVATIO  INTRAVASCULAR COACLEOPATING AND A  1DIOPATHE PNEYMONITY; COPD  25. WAS CASE REFERRED TO MEDICAL IV									
	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. OATE OF INJURY (Month, Day, Year)		THER:  Nursing Home F 26c. INJU	RY AT	6 Other (Specify)  26d. DESCRIBE HOW	INJURY OCCUR	ED		
	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Special	— At home, term, streed		ES 2 NO	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	29a. CERTIFIER 1 DESTRIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know	ledge, death occurred a	t the time, date	and place, end due	to the cause(e) and me time, data and place, as	nner as stated.	use(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	O M	, ۵.		D 195	WBER	29d, DATE SIG	GNEO (Month, Day, Year) - 30 92		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  BICATOR DAY DO B: CONTAINED MD. BC6H RANDAME TOWN MIL.  31. DATE FILED (MONTA, Day, Year)  32. REGISTRAR'S SIGNATURE  APR 1 '97  Subject of Death (ITEM 27) (Type, Print)  April 32. REGISTRAR'S SIGNATURE  April 1 '97  Subject of Death (ITEM 27) (Type, Print)  April 20  April 1 '97  April 1 '97  April 20  April 1 '97  April 20  April 1 '97  April 20  April 1 '97  April 20  April 2										

FOR

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	RI	EG. NO.					
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY		YEAR	3. TIME OF DE	ATH	
	丁、 こしいって	100	Cor	AMC	2	3 -	-	- 9		7	P H	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	( Year)	در	Count	HPLACE (State or	Foreign	
OA.		e Nursing Ho	ome	96. CITY, TOWN C	R LOCATION OF DE			Baltimore City				
HECT	10s. STATE 10b. COUNTY	s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1								10d. INSIDE CI LIMITS?		
0		11 County					1 YES X NO					
VERA		ges Road		101	21784			U.S.A.				
BY FUNERAL DIRECTOR	11 MARITAL STATUS 1 Never Merried 2 Merried 2 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR O	2 XINO	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)  1 □ YES 2 ☒ ND Specify:  1 □ YES 2 ☒ ND Specify:  1 □ YES 2 ☒ ND Specify:							
ETED	15. OECEOENT'S EOUC (Specify only highest grade	BUSUAL OCCUPATION work done during most of working se retired.)										
COMPLET	17, FATHER'S NAME (First, Middle, Lest)	ping Technician Landscaping  18. MOTHER'S NAME (First, Middle, Melden Surneme)						_				
BE CC	John L. Lowhan Martia Gas											
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  Mrs. Jeroline Williams  5114 Hodges Road Sykesville, MD 21784											
	Mrs. Jeroline Wil					_						
	20a. METHOD OF DISPOSITION  (X) Burisl 2 Cremation 3 Rame  4 Donation 6 Other (Specify)	wal from Stats	cemetary, crematory	or other place) K Cemete	Name	4/4		cation — CesVi		own, Stats , MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	L. Thigh	+	Haio	th Address of FA Tht Funer Sville.	al Hom					le l'in	
CERTIFICATION	shock, or heart feliure. List only one ceuse on each line.  Interval Between Onset and Death disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):											
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  BOWEL OBSTRUCTION  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 YOU  1 T								b. WERE AUTOPS: AMAILABLE PRICOMPLETION COF DEATH?  1 YES 2	OR TO OF CAUSE		
Y	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (CA	eck only one)	-				-	
Sic	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Sp	pecify)					
Y PHYSICIAN:	27. MANNER OF DEATH  1. Netural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT ORK? YES 2 NO	28d. DEŞCRII	BE HOW I	NJURY O	CURED		1	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, a	street, factory, offic	•		ON (Street a own, State)		or or Rural	Route Number,	12	
COMPLET	deel city t	CIAN: To the best of my know								(s) and manner s	s stated.	
TO BE	SIGNATURE AND TITLED CERTIFIER	D ATT	DWA LA		29 LICENSE NU	111		29d. DA		31-92	Mr)	
	AT LUC	COMPLETED CAUSE OF DE	434 (	20 6	LVESE	le f	N		3=	Pull 51.	NIX NIX	
	APR 1 '92	32. REGISTRAR'S SIGN	son-Aandali									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IYSICIAN:	
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	
	THE	

- 1	1. DECEDENT'S NAME (First, Middle, Last)	John	Lewis				DEAT			OF DEATH	1 -	YEAR 3.	TIME OF DEATH
	JOHN (	ENIS							03	3/ 331		92	9 9,00
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las		IF UNDER 1	-	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH , Day, Year)		Country)	ACE (State or Forei
	22-12-4804  Se. FACILITY NAME (If not institution, give	1 M 2 F	84	YRS.	9b, CITY.	TOWAL OF	LOCATIO	W OF DE		5/19		M OF DEAT	
OR B	Dorchester Gen					bri		AN OF DE	4111				
5 1	RESIDENCE OF DECEDENT			Lu an					Dorchester				
DIRE	MD. 106. COUNT	Dor,		10c. CITY, TOWN OR LOCATION  Cambridge									Id, INSIDE CITY LIMITS?  Y YES 2 N
- 4	10e. STREET AND NUMBER			107. ZIP CODE					10g, CITIZEN OF WHAT			CK -	
ER/	Bradford Hous	se 701 R	ace St	.#3	23		21	613			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	☐ YES 2 NO If yes, specify Cuban, Mer  I ☐ YES 2 NO Sp.					SPANIC ORIGIN? (Specify Yee or No — 14. RAC Black Black)			14. RACE — Black, V Specify:	American Indias	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 0 - 1 2	line in the second	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  aborer					INESS/INDU	STRY	Y			
COMPL	17. FATHER'S NAME (First, Middle, Last)	1200						AME (First, Middle, Melden Sumame)					
ш	William Lewis	6		? ?									
0	19e. INFORMANT'S NAME (Type/Print)									ber, City or Town			
-M	artha Cephas		_		Rose			ve.(	Camb	MD.	216		State
	1X Buriel 2 Cremelion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	of cemetary	, cremator	y or other pla	ace)	rvarne .		DAT				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Bethe	J A			ADDRES	S OF FAC	YTLIK		b., M		ley F/
	Denis H.	Doard	ley		812	Hin	bba	rd s	St. C	amb.,			
RTIFICATION													
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CE	PART II, Other significant condition	ns contributing to d	eath but not	resulting	in the up	dartvina	Cause 4	ting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 100					ERE AUTOPRY E
MEDICAL CE	PART II. Other significant condition	ns contributing to d	eath but not	resulting	in tha un	darlying	cause (	yiven in	Part I.	PERFOR	MED?	A C	MAILABLE PRIOR OMPLETION DF C F DEATH?
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MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Oulpatient	3 □ DOA	OTHER	28. PL/ 1: sing Home	ACE OF D	EATH (Ch	ock only or	PERFOR  1 VES 2  100  100  100  100  100  100  100  1	MED?	1	ERE AUTOPSY FIN WALABLE PRIOR 1 OMPLETION DF C F DEATH?
PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending	HOSPITAL:	ER/Oulpatient	3 ☐ DOA	OTHER	28. PL/ I: ling Home 28c. INJU WOF	ACE OF D	EATH (Ch	ock only or	PERFOR	MED?	1	MAILABLE PRIOR OMPLETION DF C F DEATH?
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH	HOSPITAL: 1.DX Inpatient 2   28a. DATE OF I (Month, De)  28c. PLACE OF	ER/Outpatient NJURY , Year)	3 🗆 DOA 28b. Ti	OTHER 4   Num ME OF	28. PL/ I: Ing Home 28c. INJL WOF 1 V	ACE OF D  5 □ Re  JRY AT  RK7  ES 2	EATH (Ch	6 Other	PERFOR  1 VES 2  100  100  100  100  100  100  100  1	NJURY OCC	A C C O O 1	MALABLE PRIOR OMPLETION DF C F DEATH?  YES 2
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER 1 CERTIFYINO PHYS	HOSPITAL: 1.DX Inpatient 2   28a. DATE OF I (Month, De)  28c. PLACE OF	ER/Oulpatient NJURY , Vear) INJURY — At h te. (Specify)	3 DOA 28b. Ti	OTHER 4 Nurs ME OF JURY M , street, fector	28. PLJ	ACE OF D  5  Representations of the second place on the second place of the second place on the second place of the second place on the second place of the second pla	EATH (Chanaldence	eck only one  6  Other  28d. DE	PERFOR  1 VES 2  THE PERFORMANCE OF TOWN (Street of Town, State)	NJURY OCCI	URED OF Flural Flourist.	MALLABLE PRIOR OMPLETION DF C F DEATH?  YES 2 1
COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER 1 CERTIFYINO PHYS	HOSPITAL:    Month, Department 2	ER/Oulpatient NJURY , Vear) INJURY — At h te. (Specify)	3 DOA 28b. Ti	OTHER 4 Nurs ME OF JURY M , street, fector	28. PLJ	ACE OF D  5  Re  RY AT  RK?  ES 2   end place  enth occur	EATH (Chanaldence	28d. DE 28f. LOC	PERFOR  1 VES 2  THE PERFORMANCE OF TOWN (Street of Town, State)	NJURY OCCI	URED  Or Rural Rounded.	MALLABLE PRIOR : OMPLETION DF C F DEATH?  YES 2 N
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER Check only One) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON W	HOSPITAL:    Description   2   28a. DATE OF   (Month, Da)    28e. PLACE OF building, e    BICIAN: To the best of management   ER: On the basic of example	ER/Outpatient  NJURY  , Year)  INJURY — At h te. (Specify)  my knowledge, d  mination end/or	3 DOA 28b. Ti IN ome, farm, leath occur Investigat	OTHER 4   Nurs ME OF JURY M , street, fector	28. PLJ	ACE OF D  5  Re  RY AT  RK?  ES 2   end place  enth occur	EATH (Chrostdence) NO No No No No No No No No No No No No No	28d. DE 28f. LOC	PERFOR  1 VES 2  THE PERFORMANCE OF TOWN (Street of Town, State)	NJURY OCCI	URED  Or Rural Rounded.	MALABLE PRIOR OMPLETION DF CF DEATH?  YES 2 P  Note Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER Check only One) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON W	HOSPITAL: 10 Inpetient 2   28a. DATE OF in (Month, De) 28a. PLACE OF building, e BICIAN: To the best of example of exampl	ER/Outpatient  NJURY  , Year)  INJURY — At h te. (Specify)  my knowledge, d  mination end/or	3 DOA 28b. Ti IN ome, farm, leath occur Investigat	OTHER 4   Nurs ME OF JURY M , street, fector	28. PL/s: ising Home 28c. INJL WOF 1 Urg. pory, office me, date	ACE OF D  5  Re  PRY AT  RK7  ES 2   end place  enth occur  29c. LICI	EATH (Chosaldence NO NO NO NO NO NO NO NO NO NO NO NO NO	28d. DE 28f. LOC City to the ca	PERFOR  1 VES 2  THE PERFORMANCE OF TOWN (Street of Town, State)	NJURY OCCI	URED  Or Rural Rounded.	MALABLE PRIOR OMPLETION DF 6 F DEATH?  YES 2  the Number,



MILDRED

9e. FACILITY NAME (If not institution, give street and number)

9502 Sheridan Street

9502 Sheridan Street

15. DECEOENT'S EDUCATION (Specify only highest grade complete

1

shock, or heart fallure. List only one cause on each line

RESIDENCE OF DECEDENT

4. SOCIAL SECURITY NUMBER

579-24-3600

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

1 Never Merried 2 X Merried

3 Widowed 4 Divorced

Elementary/Secondary (0-12)

17. FATNER'S NAME (First, Middle, Last)

Leroy B. Sprague

J. Donald Latimer

M. ODWATUSE OF FUNERAL SERVICE LICE

19e. INFORMANT'S NAME (Type/Print)

20e-METHOO OF DISACSITION 4 (ABurlet 2 Di Cremation 3 D

IMMEDIATE CAUSE (Final

disease or condition

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

25. WAS CASE REFERRED TO MEDICAL

5 Pending

Investigation

1992

resulting in death)

that initieted events reaulting in death) LAST

**EXAMINER?** 1 YES 2 NO 27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Nomicide

4 Donation

•

6. AGE (In yrs. last birthday)

NO

Home Maker

YRS.

-ATIMER

10c. CITY, TOWN OR LOCATION

Seabrook

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

Seabrook

HOURS

9b. CITY, TOWN OR LOCATION OF DEATN

101, ZIP CODE

MIN.

20706

MILDRED MARY LATIMER

12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

5. SEY

Prince George's

1 M 2 XX

9c. COUNTY OF DEATH

Prince George's 10d. INSIDE CITY

1XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY?

United States

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc.

If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 □ NO Specify:

NO white 16b. KINO OF BUSINESS/INOUSTRY

16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Own Home

18. MOTNER'S NAME (First, Middle, Maiden Surname)

Mary A. Bishop 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

OATE

9502 Sheridan Street, Seabrook, Md. 20706 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State

Fig. Lincoln Cemetery 03-23-92 Brentwood, Maryland

FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 23. PART i. Enter the diseases, or complications that caused the death. Do not

4739 DALL. AVE., HIALISVILLE, MD.	20/01
enter the mode of dying, such as cardiac or respiratory arrest,	Approximate interval Between Onset and Death
Tymphona	

OUE TO (OR AS A CONSEQUENCE OF):

Nalignant

OUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 TES 2 7 100

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?

3/21/92

1 YES 2 NO

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

26. PLACE OF DEATN (Check only one)											
HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA	OTHE 4   Nu	R: rsing Nome 5 - Residence	6 ☐ Other (Specify)							
28e. OATE OF INJURY (Month, Day, Year)	26b. TIME INJU		28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE NOW INJURY OCCURED							

26. PLACE OF OEATN (Check only one

29s. CERTIFIER 1 Check palv 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.

28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify)

2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occurred at the time, data and piecs, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

Goldman Daved M. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

GREENBELT MO 20770

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

24 hours after death. Page 6 may be retained by the hospital or attending physician. ifiled in by the funeral director, page 5 should be detached for use as the burial-transit MARYLAND 21215-0020 completely filled in by the funeral director, page 5 should rial, cremation, or removal. FUNERAL DIRECTOR

BY

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CERTIFICATION

MEDICAL

PHYSICIAN: item 23

BY

COMPLETED

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signed by the attending physician and corr Health and Mental Hygiene prior to burial,

has been a

this certificate has with the State Dirked, or item

L DIRECTOR: After ti 2 hours after death v

28 is marked,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within BOX 68760. P.O. I DIVISION OF VITAL RECORDS, TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Itom 2

BALTIMORE,

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(	SID	=	F 78	Dec
ı	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 vurs after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE

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	FOR 1 STATE	STATE OF MARYLAND	DEPART	MENT	OF H	EALTH	AND N	MENTAL HYGIEN	E		. 0 2 0	
	REGISTRAR	CE	RTIF	CATE	OF	DEAT	'H	REG. NO				
	DECEDENT'S NAME (First, Middle, Last)	V	1					2. DATE OF DEATH	AY	YEAR 3.	11:45 am	
	ANDREA (NMN)  4. SOCIAL SECURITY NUMBER	LEACH  6. AGE (In yrs. lest	hirthday	IF UNDER	1 YEAR	IF UNDER	24 HRS.	03/18/92 7. DATE OF BIRTH		a. BIRTHPLA	CE (State or Foreign	
		150 m 1 m		MONTHS	DAYS	HOURS	MIN.	(Month, Dey, Year) 03/26/70		Country	Carolina	
	244-41-3275 Sa. FACILITY NAME (If not institution, give str			9b. CITY,	TOWN O	R LOCATIO	ON OF DE			TY OF DEATH		
œ	MIH THE CLINICAL	СЕМПЕВ	- 1	BET	игст	A, M	ARVI	AND	MONTGOMERY			
DIRECTOR	NIH THE CLINICAL RESIDENCE OF DECEDENT						111( 11		110111			
E	NORTH 106. COUNTY	Robeson	MAX'	ON TON	PR LOCAT	ION					I. INSIDE CITY LIMITS?	
	10e, STREET AND NUMBER				101	. ZIP CODE		<del></del>	1 XYES 2 ☐ NO			
FUNERAL	P.O. Box 625				8364			USA				
¥	11. MARITAL STATUS	MED	13. 1	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Ye	or No—	14. RACE —	American Indian,		
	1 Never Married 2 Married	10			elfy Cuba 2 XNO		, Puerto Rican, etc.)		Black, W	BLACK		
84	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES				- Call	-,,				DLACK	
	15. DECEDENT'S EDUC (Specify only highest grade of	(G/ (G/ (G/	CEDENT'S I we kind of w Do NOT use	ork done o	during mos	ON at of workin	g	16b. KIND OF BU	SINESS/IND	USTRY		
iii	Elementary/Secondary (0-12)	College (1-4 or 5+)	Y-SUF	,								
COMPLETED	12th grade.  17. FATHER'S NAME (First, Middle, Lest)	MAX	1 001			10 MOTE	JED'C NAI	Federa  WE (First, Middle, Maiden		ernme	nt	
	LEN EDWARD FAIRLE		(NMN) LEACH									
BE	19a. INFORMANT'S NAME (Type/Print)	198	. MAILING	ADDRESS	Street a	nd Number	or Rural R	loute Number, City or Tox	m, State, Zip	Code)		
2	MRS. GLADYS LEACH	(MOTHER) P.	.о. в	OX 6	25,	MAXI	ON,	NORTH CAR	OLINA	283	54	
	20a. METHOD OF DISPOSITION 1 Derivation 3 Permodel 2 Derivation 3 Permodel 3 Derivation	20b. PLACE other place		ITION (Na	me of cen	netery, cren	natory or	20c. L0	CATION — C	City or Town,	State	
	4 Donation 5 Other (Specify)	PHILI	IP M	TTCH	ELL	FUNE	RAI.	HOME M	AXTON	NC	28364	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ershall		22.	NAME AN	ND ADDRE	SS OF FAC	4217 9t	h St	unera reet.	I Home'Inc	
	J. P. M	arrall						Washing	on,	D. C.	20011	
	23. PART   Enter the diseases, or c			ot enter	the mo	de of dy	ing, suct	as cardiac or resp	fratory arre	081,	Approximate interval Between	
	shock, or heart failure. List only one cause on each line.  RESPIRATORY FAILURE										Onset and Death	
	disease or condition resulting in death)	Iting in death)										
	DUE U (OR AS A CONSEQUENCE OF): ECO OMESENCHYMOMA											
NO											-	
AT	if any, leading to immediata cause. Enter UNDERLYING	DUE TO JOH AS A CONSEC	AUENCE OF	1./							į	
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	QUENCE OF	7:			-					
ERTIFICATION	resulting in death) LAST	d										
O	PART ii. Other significant condition	a contributing to death but not u	nesitina i	n the ur	vdertvin	o causa i	niven in	Part I. 24s, WAS A	VPROTEIA	24b W	RE AUTOPSY FINDINGS	
B	Tract II. Outsi significant condition	- continuently to could but not i	coulding i	11 110 11	tuoi iyii i	a canaa	given in	PERFO	RMED?	AM	AILABLE PRIOR TO	
								1 X YES	2   NO	OF	DEATH?	
Σ								—		X	X YES 2 □ NO	
AN	25. WAS CASE REFERRED TO MEDICAL				26. Pt	LACE OF D	EATH (Ch	ick only one)				
PHYSICIAN: MEDICAL	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Kinpatient 2 ER/Outpatient 3	□ DOA	OTHER		10 5 R	esidence	6 Other (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c, INJ			28d. DESCRIBE HOW	INJURY OCC	CURED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Morali, Day, Ibar)	1113	M		YES 2 [	NO	-				
III. 9 Cutatala								261. LOCATION (Street City or Yown, State		or Rural Rout	e Number,	
COMPLETED	4 Homicide determined											
뒽	onel	CIAN: To the best of my knowledge, de										
Ö	2 MEDICAL EXAMINE	R: On the basis of examination and/or	investigatio	n, in my o	opinion, d	leath occu	red at the	time, data and place, a	nd dua to th	e cause(s) ar	nd menner as stated.	

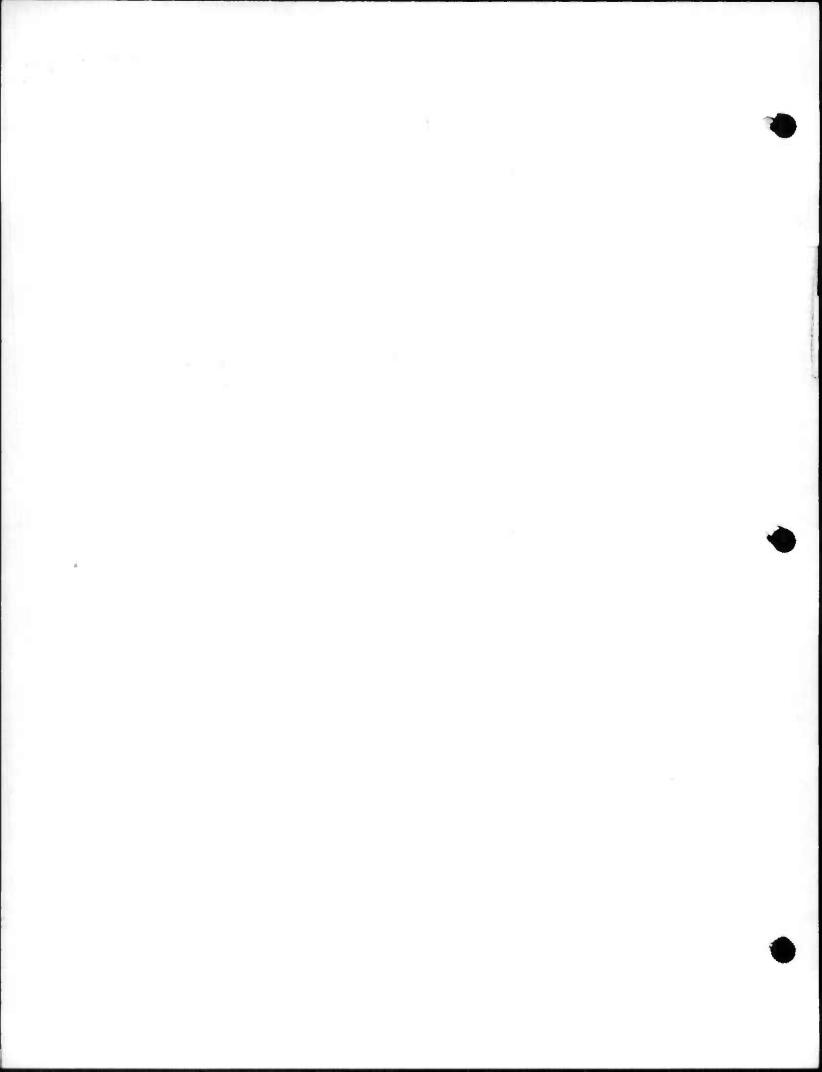
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
0 39 380 29d. DATE SIGNED (Month, Day, Year) MA

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 GARY CROUCH

32. REGISTRAR'S SIGNATURE
Guha Day doon-Randall 31. DATE FILED (Month, Day, Year) MAR 2 3 1992





BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tranmatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN		10200			
	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH			
	Catherine Vir	cginia LaPRAT	)				МУ YEAR 24 1991	9.52P M			
			MC MC	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	a. Bift Cou	THPLACE (State or Foreign			
			() YRS.		31252	Jan. 23,	1932 Vii	ginia			
œ	9a. FACILITY NAME (If not institution, give stree				R LOCATION OF DE	EATN	9c. COUNTY OF	DEATN			
DIRECTOR	DOCTORS COMMUNIT	Y HOSPITAL	I	ANHAM			PRINCE	GEORGE's			
REC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ЮН			10d, INSIDE CITY LIMITS?			
		George's	Bowi	.e				1 X YES 2 HO			
FUNERAL	10e. STREET AND NUMBER				20715	ing. of italian countries					
NE	4506 Oaklyn Lane	2. WAS DECEDENT EVER IN U.			States						
	1 Never Merried 2 Married	Bla	CE — American Indian, ck, White, etc.								
BY	3 Widowed 4x Divorced	IF YES, GIVE WAR OR DATE	3	1 TES	2XXNO Specify	у:	Specify: White				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 18 mpleted)	e. DECEDENT'S US	done during mos							
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	We Do NOT use n Supervis	etired.)		Electr	onice	3			
MP	9 17. FATHER'S NAME (First, Middle, Last)				to as something						
	Harry Anthony Wago					ME (First, Middle, Malden					
BE	19a. INFORMANT'S NAME (Type/Print)	ner	19b. MAILIHO AD	DRESS (Street or		n Stage Sy Route Number, City or Tow					
2	Larry R. LaPrad							5			
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION City or Town. Stets										
	4 Donation 5 Other (Specify)		t Lincol	n Cemet	ery 3/2	7/92 Bre	ntwood.	Maryland			
	21. SIGNATURE OF TUNERAL SERVICE LICENS	BEE			ADDRESS OF FA	CILITY					
	1/leil C. Vi	ner MO	0877	Blader	shura Ra	Funeral Ho	me, Inc.	, 3401 vland 20722			
	23. PART i. Enter the diseases, or com shock, or heart failure. List	iplications that ceused th	e death. Do not	enter the mod	le of dying, auc	h aa cardiac or resp	Iratory arreat,	Approximate			
	IMMEDIATE CAUSE (Final			1		,	/	Interval Between Onset and Death			
	resulting in death)  a. Advanced Conglisher heart failure  Due to (or as a consequence of):										
	DUE TO (OR AS A CONSEQUENCE OFF.  Securation of the End Stage remail Failure										
CERTIFICATION	Sequentially list conditions,	elle									
CAT	if any, leading to immediate cause. Enter UNDERLYING	Mazza	. 01	1.7	aute	rolatero	1 WO61	Or			
E	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A CO	NSEQUENCE OF):	wa	Chart	W. W. E.	- Joseph				
ER	reaulting in death) LAST	Old ,	rterie	V Wa	11 1	77					
AL C	PART II. Other aignificant conditions of	contributing to death but	not resulting in t	he underlying	cause given in	Part I. 24e. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS			
	1055.70	Ce seps	25			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEC	ventr	rular ta	chycon	dia 1	fibril	lation	I I NO	OF DEATH?  1  YES 2 HO			
ż			0	1	1	200					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	I or	26. PL/	ACE OF OEATH (Che	eck only one)					
IXSI		∰inpatient 2 ☐ ER/Outpatie	nt 3 DOA 4	☐ Hursing Home		B ☐ Other (Specify)					
	1 Hetural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME O	WOR		28d. OEŞCRIBE HOW I	INJURY OCCURED				
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IHJURY /	At home, farm, stree		2 2 HU	28f. LOCATION (Street a	and Number or Burni	Boude Mumber			
TED	4 Homicide determined	building, etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)	)	Notice Notifices,			
COMPLETED	29a. CERTIFIER 1 X CERTIFY/HO PHYSICIAL	N: To the best of my knowledg	a death occurred a	t the time date of	and place, and due	to the soundfol and and					
M.		On the beals of examination an						(s) and manner as stated.			
	296. SIGNATURE AND TITLE OF CONTIFIER	- 2			29c. LICEHSE NUM			D (Month, Day, Year)			
BE	Thomas	7. K	7	- 31	722		The state of the s	6 25,92			
6	30. NAME AND ADDRESS OF PERSON WHO CO	The state of the s					1 (510)	4 - //-			
	Thomas Y. Ko	8100 Good	Luck Ro	ad, La	nham, Md	20706					
	31. DATE FILE MARK ON 1992	32. REGISTRAR'S SIGNATUR	The Pandale								
		0	•								

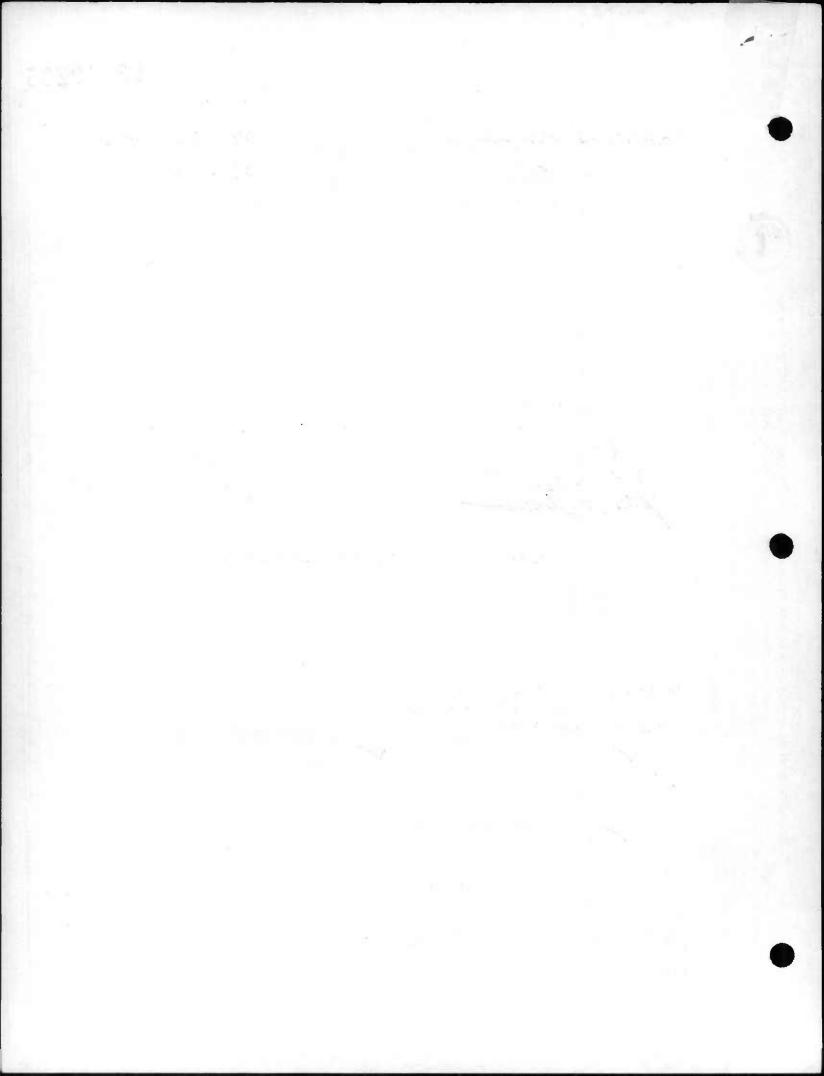


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	3

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN	E					
	1. OECEDENT'S NAME (First, Middle, Last) FRANK J	MILLE	R			2. DATE OF OEATH ON ON ON ON ON ON ON ON ON ON ON ON ON	3 9	3. TIME OF OBATH PM				
	4. SOCIAL SECURITY NUMBER 194-01-1583		AGE (In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) O4-21-		BIRTNPLACE (State or Foreign Country) Pennsylvania				
_	9a. FACILITY NAME (If not institution, give str				R LOCATION OF DE	ATH	9c. COUNTY					
ТОР	Charlotte Hall Ve	terans Ho	ome	Char]	lotte Hal	.1	St Ma	ry's				
DIRECTOR	10e. STATE 10b. COUNTY	lary's		y, town or Locat harlotte			10d. INSIDE CITY LIMITS?  1 YES 2 X NO					
FUNERAL	100. STREET AND NUMBER Route 2 Box 5			106	20622		109. CITIZEN	OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married X Widowed 4 Divorced		EVER IN U.S. ARMEO VES 2 NO R OR DATES	If yes, spi		RC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	i or No — 14.	RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade: Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	18a. DECEDENT'S (Give kind of the Do NOT u	USUAL OCCUPATION Work done during mo-	est of working	Coal I						
OM	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Surname)					
BE C	William Miller					Breen						
TO E	196. INFORMANT'S NAME (Typo/Print) Cecilia A. Popiela	ırcheck				Noute Number, City or Tow White Plai						
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 3 Other (Specify) Green County Memorial Park 4 Donetion 5 Other (Specify) Waynesburg, PA											
	21. SIGNATURE OF FUNCTIAL SERVICE LIC	Hom.	M00173	00 110105 00	D 4000500 OC 544	Out result		n Mortuary , MD 20646				
NO	23. PAII I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Carcinoma of the Stomash  Due to (or as a conscouence or):											
CERTIFICATION	Sequentially list conditions, if any, teeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST											
CAL		insyn	drone		g ceuse given in	PERFO	tart I. 24a. WAS AN AUTOPSY 24b. WE PERFORMED? CO.					
MEDI	2 23		disease			_		1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	canemi	~	26. PI	ACE OF DEATH (Ch	eck only one)		L				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DOA			6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATN 1 Natural 8 Pending	28a. DATE OF II (Month, Day	NJURY 28b. Till ( Year) IN	WE OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCU	RED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At home, ferm, tc. (Specify)	street, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,				
COMPLETED	(Cireck Olly)		ny knowledge, death occur imination and/or investigati					cause(a) and manner as stated.				
BE	296. SIGNATURE AND VITLE OF CERTIFIER	120	MI		29c. LICENSE NUI			1-03-92				
10	30. NAME AND ADDRESS OF PERSON WH		OF DEATH (ITEM 27) (Typ	e, Print)				26678				
	Jonathan F 31. DATE FILED (Month, Day, Year)	22. REGISTRAR	S SIGNATURE	62CH	nncett	redenció	rnd	26678				



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filed within 72 h IMPORTANT: If

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physicia	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tic		
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OENT'S NAME (Firs	i, Middle, Last)		The same of the same of	11				2. OATE OF GEATH	AY	YEAR	3. TIME OF OEAT	тн	
zabeth Frances					Matti	nalv		March 22.			8:00	AN	
AL SECURITY NUMBER  5. SEX  0. AGE (In yrs. lest b)  1 \( \text{M} \) 2 \( \text{DY} \) 71			nday)	IF UNDER 1 YE	-	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Aug. 27,	Cou		THPLACE (State or Foreign Intry)			
Route	Five	P.O. Box	34		Mech	anics				Mar			
yland	St.	Mary's		TOWN OR L		lle				10d. INSIDE CITY LIMITS? 1 YES 2 X			
Route F		.O. Box	34			101. ZIP C		- 1		I.S.A	WNAT COUNTRY?		
TAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1  YES 2 NO Specify:								

Eli 4. SOCI 212 9e. FACI 010 RESID 10a. ST/ Mar 10e. STF Old 11. MAR 1 Ne 3 - Wk White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Oil Company Telephone Operator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Thomas Strickland Rosa Franklin Howell 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) J. Foley Mattingly, Jr. Box 34, Mechanicsville Maryland 20659 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State 1 M Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Charles Memorial Gardens Leonardtown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 2 ucknel 9 Vardiner 20650 23. PART /. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heert fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition DUE TO (OR AS A CONSEQUENCE OF): 190 olon resulting in deeth) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 ND OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 6 | Residence 6 | Other (Specify) 1 | YES 2 | 16 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending M 1 YES 2 NO Investigation 2 Accident 28e. PLACE DF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 3 Suicide 8 Could not be 4 Homicide determined 29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 290. SIGNATURE AND ETTLEFOR GENTIFIER NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

'92

Savidson-Randall

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND / D Cef		RTMENT ICATE					YGIEN REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last, ANNA ELIZABETH				7	Z			2. DATE OF MONTH MARCH	DEATH DA	19	YEAR 92	3. TIME OF DEATH 6:40 P M
	4. SOCIAL SECURITY NUMBER 217-36-8567	5. SEX	6. AGE (In yrs. lest b	irthday)	IF UNDER	1 YEAR DAYS	IF UNDER	MIN	7. DATE OF (Month, DA AUGUS)	ey, Year)	10//0	Count	
_	9e. FACILITY NAME (If not institution, give	street and number)			1.70		R LOCATIO			1 17,	9c. COU	NTY OF C	DEATH
TO.	RT 2 BOX 114 B	IG CHESTNU	JT ROAD		CLE	MENT	'S			_	ST.	MAF	RY'S
FUNERAL DIRECTOR	MARYLAND ST.	MARY'S			EMEN		ION						10d. INSIDE CITY LIMITS?
AL D	10e. STREET AND NUMBER	TIARI 5		CI	EFIEN		. ZIP CODI	E			10g. CIT	IZEN OF	1 TYES 2 NO WHAT COUNTRY?
ER/	RT 2 BOX 114 B	IG CHESTN	JT ROAD				2062	4			UNIT	ED S	STATES
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		T EVER IN U.S. ARME YES 2 NO WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifity ea, specify Cuben, Mexican, Puerto Rican, etc. 1 TYES 2 NO Specify:						or No—	Spec	E — Americen Indien, ik, White, etc. ://y: :ACK
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  18e. DECEDENT'S SUSUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOUSEKEEPER										SINESS/INI	DUSTRY	
	17. FATHER'S NAME (First, Middle, Leat)  WILLIAM XAVIER MARSHALL  ELIZABETH E.												
TO BE	190. INFORMANT'S NAME (Type/Print)  JOYCE ANN BOOK	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										550	
	20s_METHOD OF DISPOSITION 1		20b, PLACE A	ND DAT	E OF DISP	OSITION	(Name		OATE		CATION		
	4 Donation Other (Specify)	Q A	HARLE	S					3/20	LEC	NARD	TOWN	N, MD
	Colward L	INSTIELD,	JR. MOOO	52	22.	NAME AF	ND ADDRE	SS OF FA	BK.	INSFI ORTH ARDTO	WASH	FUNE INGT MARY	ERAL HOME CON STREET LAND 20650
CERTIFICATION	shock, or heart fellure. List only one cause on each lina.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury but lettled anxiety)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
ERTIF	thet initiated events resulting in death) LAST	d	(OII AS A CONSECU	LIVE	, ,.						. <u>-</u>		ļ
MEDICAL	PART II. Other algnificent condition	ons contributing to	death but not rea	ulting	In the u	nderiyin	g cause	given in		e. WAS AN PERFOI	RMEO?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	EATH (Ch	eck only one)				
YSIC	1 - YES 2 110		ER/Outpetlent 3	_	_	rsing Hon		eldence	8 Other (S				
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b. Til	ME OF JURY M	WC	JURY AT ORK? YES 2 [	] NO	28d. DESCF	RIBE HOW	INJURY OC	CURED	
	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE O building,	F INJURY — Al hometra. (Specify)	e, farm,	street, fac	tory, offic	•		28f. LOCATI City or	ION (Street Town, State)	and Numbe	or Aural	Route Number,
COMPLETED	const. Orny	SICIAN: To the best of											(e) and manner as stated.
TO BE CC	29b. SIONATURE AND TITLE OF CENTS	(1/2	L KY	>			29c. LIC	ENSE NUI	MBER 220		29d. DA	TE SIGNE	Month, Day, Nazi
	30. NAME AND ADDRESS OF PERSON V					20	650					1	
	31. DATE FILED (Month, Day, Year)  MAR 2 0 '92	32. REGISTRA	AR'S SIGNATURE			20	030						
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TO BE COMPLETED BY FUNERAL DIRECT

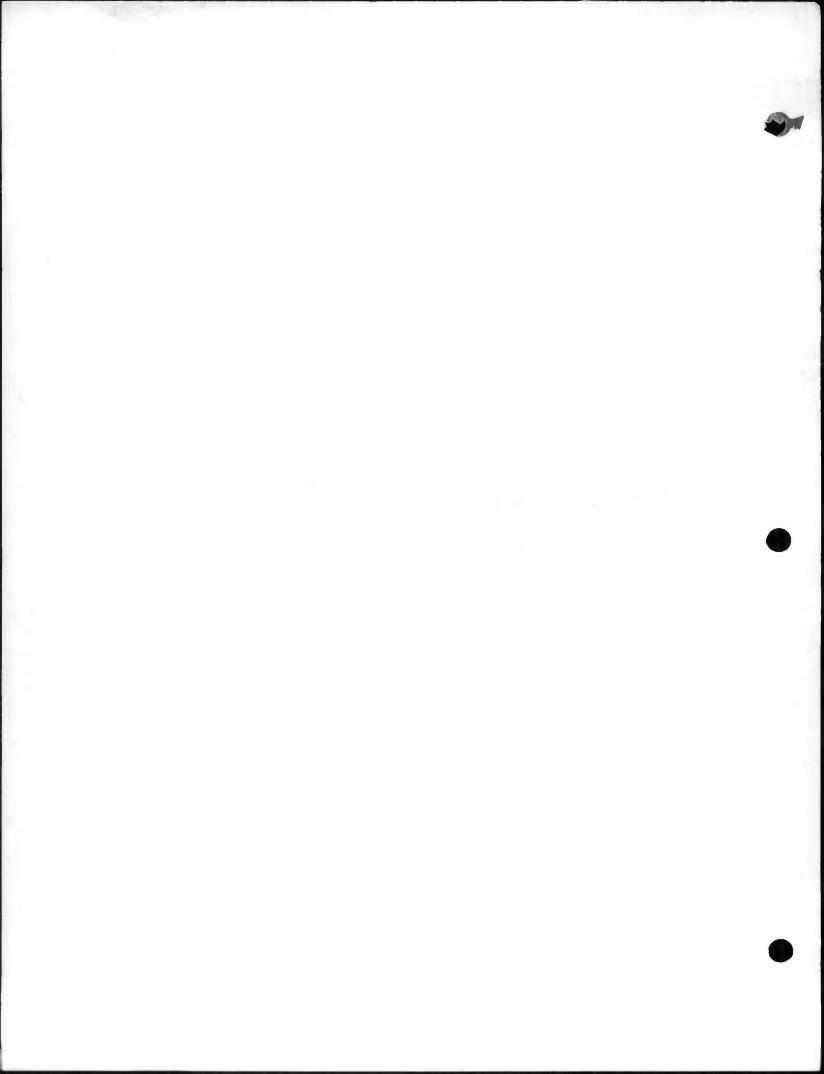
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DIVISION OF VITAL RECORDS, P.O. BOX 131	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execut
VISION	ATTENDING
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the clean certaincate be executed within 2 may be retained by the hospital of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First,	Middle, Last)	-		-00	1	60	2. DATE O				. TIME OF OEATH	
Kope	CT	7		$I^{\gamma})c$	stes	SK.	MONTH	3 2 DAY	7 9-	Zear	1750 "	
4. SOCIAL SECURITY NUMBER	R 5.	SEX 6	. AGE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH Day, Year)	1	L BIRTHPL Country)	LACE (State or Foreign	
236-46-6515	1]	X M 2 □ F	58	YRS.	ONTHS DAYS	HOURS MIN.		3, 19	933 1		Virginia	
9e. FACILITY NAME (If not ins	titution, give atreet	and number)		9(	b. CITY, TOWN	R LOCATION OF DE	ATH		9c. COUNTY OF DEATH			
Shady Grove		ist Hosp	ital		Rock	ville			Moi	ntgor	mery	
	10b. COUNTY	<del></del>		10c. CITY, T	OWN OR LOCA	TION				1	Od. INSIDE CITY	
Maryland	Montgo	omery		G	aither					LIMITS?		
10a. STREET AND NUMBER					10	. ZIP COOE			10g. CITIZE	EN OF WH	AT COUNTRY?	
166 Gold 1		Orive WAS DECEDENTS			<del></del>	20878					tates	
11. MARITAL STATUS 1 Never Married 2 🛣	Aarried	MED	If yea, sp	ENGENT OF HISPAN ecify Cuben, Mexica 22 NO Specify	n, Puerto Ric		or No— 1	Black, Specify:	- American Indian, White, etc.			
3 Widowed 4 Divon		Korea									White	
(Specify only	DENT'S EOUCATION And American Company of the Compan	pleted)	(G	CEDENT'S US we kind of work Do NOT use n	UAL OCCUPATION done during me etired.)	ON ast of working	18b. I	KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-	12)	ollege (1-4 or 8 +)		Clerk			U	.S. Po	ostal	Serv	vice	
17. FATHER'S NAME (First, Mic	idie, Lest)					18. MOTHER'S NA	ME (First, Mi	iddle, Meiden S	Sumame)	-		
Ezra B. Me	otes					Nelle	Grov	rer				
19e, INFORMANT'S NAME (7)	pe/Print)		19	. MAILING AC	DORESS (Street	and Number or Rural I	Route Numbe	r, City or Town	, State, Zip C	Code)		
Kathleen G.	Motes		10	56 <b>Gol</b>	d Kett	le Drive	, Gai	thersh	ourg,	MD	20878	
20e. METHOD OF DISPOSITION  1XI Burlel 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Forest Lawn Cemetery  20c. LOCATION - City or Town, State Pecks Mill, West Virginia												
21. SIGNATURE OF FUNERAL		EE	rore	ьс цам			CILITY	We	est v.	rrgii	nia	
Rahm	1 Fa	uch	M	00198	Rober 300	t A. Pum West Moi	phrey ntgom	Funer ery Av	cal Ho Zenue	ome/I	Rockville,	
23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Find disease or condition resulting in deeth)	ert fellure. List	plications that conly one cause out to could	on each line	DUENGE OF):	enter the mo	de of dying, suc	in se cardi	ac or respir	ratory arre	at,	Approximate Interval Between Onset and Peath Same day	
Sequentielly list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disesse or injurt that initiated events resulting in deeth) LAST	liete NG y c		R AS A CONSE									
PART II. Other algolficar	nt conditions c	ontributing to d	eeth but not i	resulting in	the underlying	g cause given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS	
								PERFOR	1		MAILABLE PRIOR TO COMPLETION OF CAUSE	
								1 _ YE\$ 2	A LAO	i	OF DEATH?	
							_					
25. WAS CASE REFERRED TO EXAMINER?		OSPITAL: /				LACE OF DEATH (Ch	eck only one	)				
1 - YES 2 NO			R/Outpatient 3		THER:	ne 8 🗆 Residence	8 🗆 Other	(Specify)				
	Pending	28a. DATE OF IN (Month, Day)		28b. TIME (	ty w	JURY AT ORK? YES 2 NO	28d. DEŞ0	CRIBE HOW II	NJURY OCCI	URED		
3 Suicide 8 0	Could not be	28a. PLACE OF building, et	INJURY — At he	eme, farm, stro	et, factory, offi	ca		TION (Street e r Town, State)	and Number o	or Rural Ro	ute Number,	
120000000000000000000000000000000000000	letermined											
Torroom orny						e end place, end dua death occured at the					and manner ea stated.	
		1			· Constitu						0 - 40	
51	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month Day, Year)  3 3 9 9											
30. NAME AND ADDRESS DE	PERSON WHO C	OMPLETED CAUSE	OF OEATH (ITE	M 27) (Type, P	rint)	Dhw 4	1 to	2 0	Ω	NAC	0	
31. DATE FILED (Month, Day,		32. REGISTRAR	S SIGNATURE	50					-	200	270	



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		permit.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.		10210			
	1. DECEDENT'S NAME (First, Middle, Lest)	LEONARD JAME		MARTINKO		2. DATE OF DEATH MONTH DAY MARCH 26	199 <sup>YEAR</sup>	3. TIME OF DEATH 9:50 A M			
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	IPLACE (State or Foreign			
	284-22-6501	1 M 2 F	62 YAS.	MONTHS DAYS	HOURS MIN.	(Morith, Day, Year) JAN. 9, 193(	Countr	ν)			
	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN O	R LOCATION OF D		9c. COUNTY OF D				
DIRECTOR	11310 WOODSON AVE	NUE		KENS	INGTON	DN MONTGOMERY					
뿐	10a. STATE 10b. COUNT		10c. CITY	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?			
		TGOMERY		KENSIN	GTON		1[				
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		VHAT COUNTRY?				
N N	11310 WOODSON A	The state of the s			20895		USA				
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	24 NO	13. WAS DECI	ENDENT OF HISPAI	NIC ORIGIN? (Specify Year) in, Puerto Rican, etc.)	or No - 14, RACE Black	— American Indian, t, White, atc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		2 X NO Specif		Speci	ty:			
Q	15. DECEDENT'S EDU	ICATION	16a. OECEDENT'S L	ISUAL OCCUPATIO	м	16b. KIND OF BUSI	NECO (INOLICE TO)	WHITE			
ETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done during mos	t of working	IOB. KIND OF BUSI	NESS/INOUS INT				
APL	12		RETAIL	MANAGEN	(ENT	EDISON	BROTHERS	2			
COMPL	17. FATHER'S NAME (First, Middle, Lest)			THERMOD		ME (First, Middle, Maiden S		9			
BE (	JOHN MARTINK	0			MARY	JANCI					
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	OORESS (Street ar		Route Number, City or Town,	State, Zip Code)				
F	AGNES LOUISE MART	INKO (WIFE)	11310	WOODSON	AVENUE	KENSINGTON,	MARYT.ANI	20895			
	20. METHOD OF DISPOSITION 1 IX Buriel 2 Cremation 3 Rem		PLACE AND DATE OF	F DISPOSITION (Nar			ATION — City or To				
	4 Donation 5 Other (Specify)		tery, crematory or oth TE OF HE		ETERY	8/30 SILVE	R SPRING	MARVIAND			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	ADDRESS OF FA	CILITY					
	1 in this	& Count	1,000			LINS FUNERA					
	23. PARP L Enter the diseases or	complications that caused	the death. Do no	t anter the mod	la of dving auc	Y BLVD., W.	SIL.SPR.	Approximata			
	23. PART Enter the diseases or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a										
TION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	cDUE TO (OR AS A	CONSEQUENCE OF)	:							
S		d									
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to death bu	t not resulting in	the underlying	causa given in	Part i. 24a. WAS AN AI PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
ž											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	CE OF DEATH (Ch	eck only one)					
IYS	1 YES 2 NO	1 - Inpatient 2 - ER/Outper	tlant 3 DOA 4	□ Nursing Home	5 Residence	8 Other (Specify)					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WOR	RY AT K? ES 2 NO	28d. OESCRIBE HOW INJ	JURY OCCURED				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— Al home, farm, str	eet, factory, offica		28f. LOCATION (Street and City or Town, State)	d Number or Bural R	oute Number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the beat of my knowle	dge, death occurred	at the time, data a	nd place, and dua	to the cause(a) and manne	or as stated.				
ő	2   MEDICAL EXAMINE	R: On the basis of examination	and/or investigation,	In my opinion, de	ath occured at the	time, data and place, and	due to the cause(a)	and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	HMO)			29c. LICENSE NUN	Pm	29d. DATE SIGNED	(Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH		TH (ITEM 27) (Type, F	Print)			7/0	0/12			
	JOSEPH M. HAGG 31. DATE FILED (MONTH, Day, Year)	erye 1460		CIANS	CANC A	1212 ROCK	ville, Mi	20850			
	MAR 30 92	The Davidson	Pandelle								

0150. 12

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

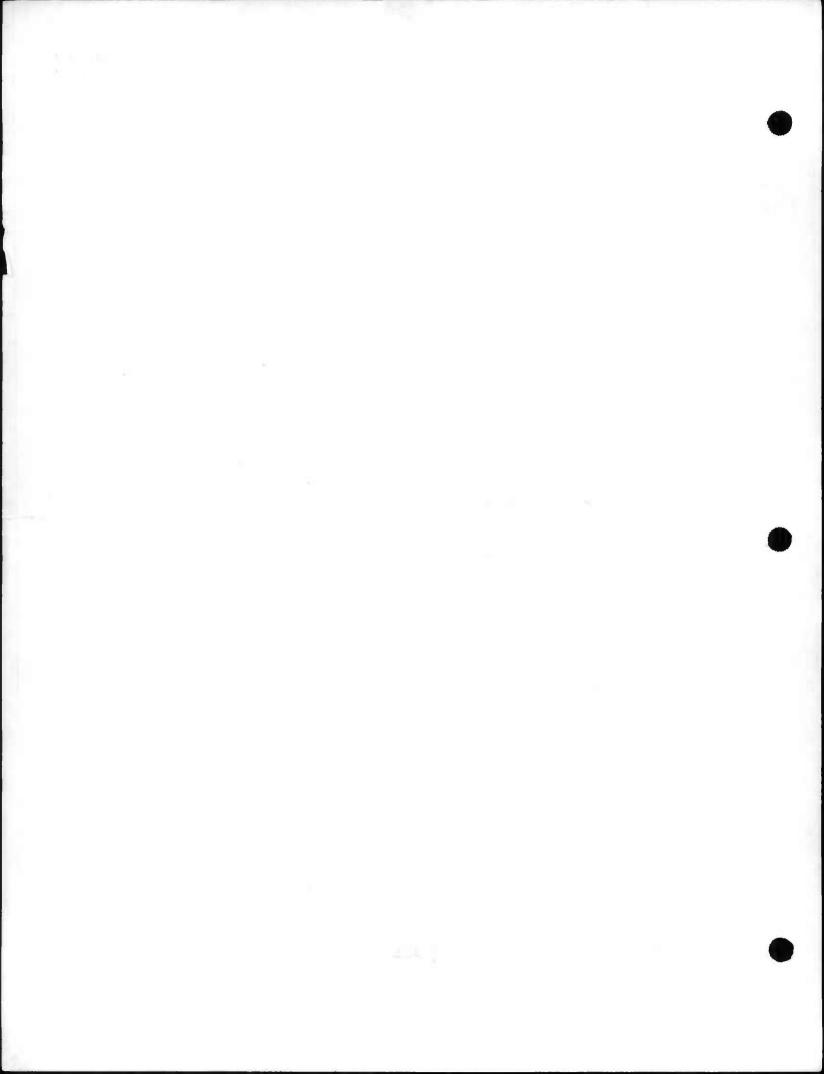
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.												
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH 3. TIME OF DEATH					
HAR	IJA	MEDNI	EKS					MONT			992	5:00 P.M.	
4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs.	lasi birthdav)	IF UNDER	YEAR IF UN	DER 24 HRS.	_	OF BIRTH			LACE (State or Foreign	
579-48-732	5A	1 🗌 M 2 🔀 F	95	YRS.	MONTHS	DAYS HOUR	7	(Mont	th, Day, Year)	1896	Country)	tvia	
9a. FACILITY NAME (If not ins	Illution, give stre	et and number)			9b. CITY,	TOWN OR LOC	ATION OF DE			9c. COUNT	Y OF DEA	ATH	
402 Hurley	Drive	#306				Rockv	ille			Mon	tgom	0 277	
RESIDENCE OF DEC						TOOK !	1110			MOH	cgom	era	
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATION					1	IOd. INSIDE CITY LIMITS?	
Maryland	Mont	gomery			R	ockvil	le				1	YES 2 NO	
10e. STREET AND NUMBER						10f. ZIP C	ODE			10g. CITIZE	EN OF WH	IAT COUNTRY?	
402 Hurley	Drive,	#306				20	850			Unit	ted :	States	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE — American										- American Indian.			
1 Never Married 2 🔀 I		FORCES? 1	VES 2 (	Xио		yes, specify C			Rican, etc.)		Specify:		
3 Widowed 4 Divor	ced						,					White	
15. DECE	DENT'S EDUCA	TION	16a.	DECEDENT'S	USUAL OC	CUPATION uring most of we	orldna	188	b. KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-		College (1-4 or 5	+)	ille. Do NOT us	se retired.)	and those of we							
12				Home	make	r			Own H	Iome			
17. FATHER'S NAME (First, Mic	ddle, Last)	-				18. M	OTHER'S NA	ME (First,	Middle, Maiden S	Sumame)			
Not Ava	ailable	9					N	ot A	availab	10			
19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRESS	(Street and Nun			nber, City or Town		Code)		
Voldmars Me	ednieks	3		402 H	urle	y Driv	e, #30	06	Rockvil	le. N	Marv'	land 20850	
20s. METHOD OF DISPOSITI	ON		20b. PLA	CE OF DISPO	SITION (Nar	ne of cemetery,	cremetory or			CATION — C			
20c. METHOD OF DISPOSITION  1 Burlel 2 & Cremetion 3 Removal from State  4 Donetion 8 Other (Specify)  20c. LOCATION - City or Town, State  Montgomery Crematorium, Inc.  Bethesda, Maryland										arvland			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ROBERT A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Rockville, Maryland 20850-2805													
23. PART i. Enter the dispess, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate													
		st only one car					aying, auc		roles or respin	atory arro		interval Between	
IMMEDIATE CAUSE (Findisease or condition	al	^										Onset and Death	
resulting in death)	<b>→</b> a.		HYDRA										
		DUE TO	(OR AS A CON	SEQUENCE O	F):								
Sequentially list condition	000 D.		ISPHAG	117									
if any, leading to immed	dieta	DUE TO	(OR AS A CON	SEOUENCE O	F):								
cause, Enter UNDERLYII CAUSE (Disease or inju		10750				_							
that initiated events		DUE TO	(OR AS A CON	SEQUENCE O	f):							i I	
resulting in death) LAST	d.											<u> </u>	
PART ii. Other aignifica	nt conditions	contributing to	death but no	ot resulting	in the un	deriving cau	e given in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
		AGITIS					•		PERFOR	/		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									1 TYES 2	NO		OF DEATH?	
_ ULCERAT!	IVB B	SOPHA6	-1T15									1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:			OTHER		F DEATH (C/	heck only o	one)				
1 KYES 2 NO		1 Inpatient 2		_	4 🗆 Nun	ing Home 5		_					
27. MANNER OF DEATH		28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIA	JURY	28c. INJURY A WORK?	T	28d, DE	ESCRIBE HOW II	NJURY OCC	URED		
	Pending Investigation				M	1 YES	2 NO						
3 Suicide 8	Could not be	28e, PLACE ( building	OF INJURY — At	l home, ferm,	street, fact	ory, office		281. LO	CATION (Street a	nd Number (	or Rural Ro	oute Number,	
4 Homicide	determined												
29a. CERTIFIER 1 CERT	IFYING PHYSIC	IAN: To the best o	f my knowledge	death occur	red at the 1	me, data and p	lace, and du	n to the c	ause(s) and men	iner sa state	d.		
onel	CAL EXAMINER	On the basis of	examination and	or investigati	on, in my o	pinion, death o	ccured at the	ilme, de	its and place, an	d due to the	cause(a)	and menner as stated.	
29b, SIGNATURE AND TITLE	or community	1-1	7			290	LICENSE NU	MRFP		294 DATE	SIGNED	(Month, Day, Year)	
Millian	, OF	SIN	/			250.			-	<b>D</b>	3/20	102	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED ČAL	SE OF DEATH	TFM 273 /5~	Print1		0228	0>		-	121	116	
	_	STER		1 LL		Pavera	1 Dale	100	15, A	Killi	15	Ho moon	
31. DATE FILED (Month, Day,		7	AR'S SIGNATUR	E 17	F 1 10	11/9/1	1000	4/7	110	110/2		J. IV. KUESU	
MAR 30	'92		Davids	ከ • ~									
יייייייייייייייייייייייייייייייייייייי	JL	and	and draw	Mada Co	-								





DONALD J.

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CERTIFICATE OF DEATH

MONTHS DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

SILVER

HOURS

MURPHY

YRS.

s. AGE (In yrs. last birthday)

64

1 -

1. DECEDENT'S NAME (First, Middle, Last)

Sa. FACILITY NAME (If not institution, give street and number)

HOLY CROSS HOSPITAL

4. SOCIAL SECURITY NUMBER

215-20-3716

DIREC	MARYLAND	10b. COUNT	SUSEXX TGOMERY		SELBYV	WN OR LOCA		ER SP	DING		10d. IN
FUNERAL D	100. BTREET AND NUMBER	18 HI	CKORY LANE	#622	SCLDIV		20906		ALIVE		I D Y EN OF WHAT CO USA
B⊀	11. MARITAL STATUS 1 Never Married 2 X 1 3 Widowed 4 Divor		12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	VER IN U.S. ARR VES 2 NO OR DATES WWII	MED O	If yes, sp	CENOENT OF HISPA ecity Cuban, Mexico 2 NO Speci	an, Puerto Ri	(Specify Ye can, etc.)	na or No-	14. RACE — Ame Black, White, Specify: V
ETED	15. DECE (Specify only	DENT'S EDU highest grade	CATION completed)	(GA	CEDENT'S USU to kind of work to Do NOT use ret	done during mo		16b. i	GND OF BU	JSINESS/INDU	ISTRY
PLE	Elementary/Secondary (0-	12)	College (1-4 or 5+)	CPA		rea.)		AC	COUNT	TTNC	
E COMPL	17. FATHER'S NAME (First, Mic JOSEPH	ddle, Last)	MURPHY				18. MOTHER'S NA	AME (First, Mi	-		TN
TO B	HELEN M. MU						nd Number or Rural CHEN DRI	Route Numbe	r, City or Tov	wn, Stata, Zip (	Code) 2
	20a. METHOD OF DISPOSITION  1 Strict 2 Cremation  4 Donation 5 Other	3 🗆 Rem	oval from State	20b. PLACE A	ND DATE OF DI	SPOSITION (Ne Hace) AVEN C	eme of EMETERY	3/27	20c. LC	LVER S	PRTNG.
	21. SIGNATURE OF TUNERAL	service Lic	D. Com	plie	el	FRANC	IS J. CC NIVERSIT	LLINS	FUNE	ERAL H	OME, IN
	23. PART. Enter the dis- ahock, or he tMMEDIATE CAUSE (Find disease or condition resulting in death)		a. DUE TO (OR								st, A
ERTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	late NG y	a DUE TO (OR	AS A CONSEQ	COLU A		sion	ng	Ca	4	
: MEDICAL CE	PART II. Other algnificar	nt condition	a contributing to dec	eth but not re	sulting in th	e underlyin	g cause given in		PERFO		24b. WERE A AMAILAI COMPLIOF DEA
HYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		ОТ	26. PL	ACE OF DEATH (C)	neck only one)			
PHYS	1  YES 2 XNO  27. MANNER OF DEATH  1 Natural 5 P	ending	28e. DATE OF INJ (Month, Day, Y	URY		Nursing Hom 28c. INJ WO	e 5 Residence URY AT RK7 /ES 2 NO			INJURY OCCU	IRED
TED BY	3 Suicide 6 C	ould not be etermined	28a. PLACE OF IN building, atc.	JURY — AI horr (Specify)	ne, farm, atreet			28f. LOCAT City or	ION (Street Town, State	and Number o	r Rural Route Nur
COMPLET			CIAN: To the best of my R: On the basis of exami								
TO BE CO	296. SIGNATURE AND TITLE	OF CERTIFIER	skAngra.	/	ND		70c. LICENSE NUI		(0)		SIGNED MANY
	30. NAME AND ADDRESS OF SATISH AT 31. DATE FILED (Month, Day, M	NGRA,		UNIVER	SITY E		ARD WEST	, #21	4, SI	LVER	SPRING,

REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH **0**3 ~ 23 -11:30 pm 92 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Fo Country) JUNE 4. WASHINGTON, DC 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH MONTGOMERY SPRING 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Specify: WHITE BUSINESS/INDUSTRY NTING den Sumame) MARTIN Town, State, Zip Code) 20906 SILVER SPRING, MD LOCATION - City or Town, Blate LLVER SPRING, MD NERAL HOME, INC. W., SIL. SP., MD 20901 Approximata interval Between apiratory arrest, **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 🗌 NO 1 TYES 2 NO W INJURY OCCURED et and Number or Rural Route Number, manner se stated. and due to the cause(a) and manner as stated. on Day Mart 3

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Pages			-
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Meth. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit permit

STATE OF MARY	YLAND / DEPARTMENT	OF HEALTH	AND MENTAL	HYGIEN
	CERTIFICATE	OF DEAT	TH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH ANI	MENT	TAL HYGIEN	ΙE	12	10213			
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH			3. TIME OF OEATH			
		uck					rch 22,	199	YEAR	1:15 P#			
	4. SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F under 1 YEAR   F under 24 Hrs. 7. DATE OF BIRTH (Month On Year)											
	577-42-6149	July 10, 1914 Vir											
~	9s. FACILITY NAME (If not institution, give str				OR LOCATION OF	OEATH			NTY OF D				
DIRECTOR	Shady Grove Adver	tist Hospita	1	R	ockville	9		Me	ontg	omery			
E C	10s. STATE 10s. COUNTY												
100	Maryland Mont	gomery		Rockv	ille					10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
AL	10s. STREET AND NUMBER				Of. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?			
FUNERAL	215 Highland Ave	nue			20850			1110		States			
5	11. MARITAL STATUS	12. WAS OECEDENT EVER IN FORCES? 1 YES		13. WAS D	ECENDENT OF HIS	PANIC ORIG	GIN? (Specify Yes	or No-	14. RACE	— American Indian,			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 U Y	specify Cuban, Max S 2 X NO Spe	ocity:	lo Rican, etc.)		Speci	t, White, atc.			
	15. DECEDENT'S EDUC	ATION T	18. DECEDENT'S	USUAL OCCUPA	2001					White			
E	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) Coffege (1-4 or 5+)	(Give kind of life. Do NOT u	work done during i	nost of working	- [	Nation			tutos			
필		2	Lab Te	chnicia	n			[ealt]		cutes			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (Firs	t, Middle, Maiden		.,				
BE (	Reuben Carl Kible	r			Mary	Agne	s Tripl	ett					
10	19a. INFORMANT'S NAME (Type/Print)				end Number or Rui								
-	Clara A. McMullen		215 H	ighland	Avenue,	Roc	kville,	Mary	yland	d 20850			
	20e. METHOO OF DISPOSITION  1 A Burial 2 Cremation 3 Remove	val from State came	PLACE AND DATE	other place)		1		CATION —					
	4 Donation 5 Other (Specify)	Pa	rklawn	Memoria	l Park 3	/26/	92 Roc	kvill	le, n	Maryland			
		NSEE		Robe	rt A. Pu	mphr	ey Fune	ral H	Home	/Rockville,			
	Kalley	Jamosh	M0019	Roc	cville.	Mary	land 2	0850-	-280	Inc.			
	23. PART i. Enter the diseases, or conshock, or heart fellure. L.	implications that ceused lat only one cause on ea	the death. Do	not enter the m	ode of dying, a	uch aa ca	rdiac or reapi	ratory arr	eat,	Approximate			
	IMMEDIATE CAUSE (Finel disease or condition									Interval Between Onset and Death			
	reaulting in death)	Cardiac a	rrest							30 Min.			
		Arterioso		,	was oul a	r 14	00000			10 yrs.			
CERTIFICATION	Sequentially ilst conditiona, b.	DUE TO (OR AS A			Vascula	I UL	sease			10 yrs.			
₽.	if any, leading to immediate cause. Enter UNDERLYING			.,.									
Ē	CAUSE (Diseese or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE O	F):									
E	resulting in death) LAST												
	PART II. Other aignificant conditions	contributing to death by	t not resulting	In the underlyi		la Bank I							
CAL	Diabetes Mellit		it not resulting	in the underlyi	ig cause given	in Part I.	24a. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
ED		us				_	1 TYES 2	₩ NO		OF DEATH?			
X										1 TES 2 NO			
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26.5	LACE OF DEATH (	Check cets		-					
SIC	EXAMINER?	HOSPITAL:	tient 3 🗆 DOA	OTHER:									
Ξ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c. IN	ne 5 Rasidenc	_	her (Specify) EŞCRIBE HOW II	JURY OCC	URED				
¥.	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	IURY W	ORK? YES 2 NO				OTIED				
	3 Suicide a Could not be	28e. PLACE OF INJURY - building, atc. (Specif	At home, farm,	street, factory, offi	ce	28I. LO	CATION (Street a	nd Number	or Rural Ro	pute Number,			
E	4 Homicide determined	Daniellig, atc. (Opeon	"			CH	ly or Town, State)						
COMPLETED	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICI	AN: To the beat of my knowle	dge, death occurre	ed at the time, dat	e end place, and d	us to the c	euse(e) end man	ner ee state	d.				
OM	One) 2 MEDICAL EXAMINER:	On the basis of exemination	end/or investigation	on, in my opinion,	death occured at ti	ne time, de	ta and place, en	dus to the	ceuse(a)	and menner se stated.			
BE C	290. SIGNATURE AND TITLE OF CENTIFIER	10	-		29c. LICENSE N		Т			(Month, Day, Year)			
	11496	1 me			05	4	5-			23, 1992			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	-	-			_				
	Stephen N. Jones,	M.D. 809 Ve	irs Mill	Road R	ockville	e, Ma	ryland	2085	1				
	31. DATE FILED (MARK 27 '92	32. REGISTRAR'S SIGNAT	TURE Prom	La 80.									
	JZ JZ	0											



8121, 1518

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit.	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5 H	HT OF	be filed	IMPO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

- STATE REGISTRAR				CERTIF	CATE C	F DEATH		REG. NO	7	4	1021	4
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE	OF DEATN	AV .	YEAR	3. TIME OF DEAT	ΓN
Donal	đ	Frank	Moor	:e			Mar			92	5:30	P M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In y	rrs. last birthday)	IF UNDER 1 YEA			OF BIRTN		8. BIRTI Count	NPLACE (State or Fe	oreign
219-48-4948	3	1 M 2 - F	41	YRS.	MONTHS DAY	S HOURS MIN.			1950		"" nsylvani	a
9e. FACILITY NAME (If not in		street and number)			9b. CITY, TOV	VN OR LOCATION OF D				JNTY OF		<u>u</u>
0h - 3 0	2 4					1						
Shady Grove	e Adve	ntist Ho	spital	·	ROO	ckville			Mo	ntgo	mery	_
10e. STATE	10b. COUNT	Υ		10c. CIT	r, TOWN OR LO	CATION					10d. INSIDE CITY	Ý
Maryland	Mo	ntgomery			Rockv	110					LIMITS?	NO
MALYTANO NUMBER		negomery			ROCK V.	10f. ZIP CODE			100 CI	TIZEN OF	WHAT COUNTRY?	
									,			
1108 Agn	ew Dri	_				20851					States	
11. MARITAL STATUS  1 Never Merried 2	anticular)	12. WAS DECEDED FORCES?	T EVER IN U	.S. ARMED 2 X NO		DECENDENT OF NISPA , specify Cuben, Mexic			s or No—	14. RAC Blac	E — American Indi ck, White, atc.	ien,
3 Wildowed 4 Divid		IF YES, GIVE				YES 2 X NO Speci				Spec		
— II 62. YA. 1 47. L		l									White	
15, DEC	EDENT'S EDU	JCATION o completed)	10	Sa. DECEDENT'S	vork done during	ATION most of working	16b	. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (	0-12)	College (1-4 or 5	+)	Ilfe. Do NOT us	e retired.)							
12				Manad	ger			Rest	aura	nt		
17. FATHER'S NAME (First, A	ficidle, Last)					16. MOTNER'S N	AME (First,					
George A	ndrew	Moore				Jane M	falor	ΑV				
190. INFORMANT'S NAME (		MOOLE		195 MAR INO	ADDRESS /C-	eet and Number or Rural		_	on State 7	in Codes		
											20053	
George And:						Drive, Roc		_	_		20851	
20e. METNOD OF DISPOSIT	non on 3 ☐ Ren	noval from State	0	ther place)		f cemetery, cremetory or				116-21	lown, Stata	
4 Donation 5 Othe			_ Mon	tgomery		atorium, I					laryland	
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	p MOC	831	22. NAM Robe	ert A. Pun	ohre	v Fune	ral	Home	/	
Dashara	yoma	mullen	Jaws	ence	Rocl	kville, In nue, Rockv	iç.	300 We	st M	lontg	omery	_
23. PART I. Enter the	Manages, pr	complications th	at caused t	he death Do r							Approxim	
		List only one ca			TOT GITTOT GTG	mode of dying, su	011 00 001	0100 O1 100p	mutory s	11000,	Interval E	Between
IMMEDIATE CAUSE (FI	nsl					//					Onset an	d Death
disease or condition resulting in death)	$\rightarrow$	0. UNSTI	20/10/	ESTIN	AL	HEMMOT	CHA	166			MU	16
		DUE TO	OR AS A C	ONSEQUENCE O	F):							
		h A	2007	406	SM						10%	SF
Sequentially list condi- if any, leading to imme		DUE TO		ONSEQUENCE O								
cause. Enter UNDERLY	'ING	6										
CAUSE (Disesse or injusted events	ury	DUE TO	(OR AS A C	ONSEQUENCE O	F):						1	
resulting in death) LAS	ST	4										
		0.										
PART II. Other algnific	ent conditio	ns contributing t	death but	not resulting	in the under	lying cause given in	n Part I.	24a. WAS AP PERFO	RMED?	Y 24	b. WERE AUTOPSY I	
								1 TYES	2   Iyo		COMPLETION OF OF DEATH?	CAUSE
									V	1	1   YES 2	NO
25. WAS CASE REFERRED	TO MEDICAL				2	6. PLACE OF DEATH (C	heck only o	ne)				
EXAMINER?		HOSPITAL:	V) ente		OTHER:							
1 YES 2 NO		1 Inpatient 2		lent 3 DOA	-	Nome 5 Residence	-		AL H	0011555		
<b>-</b>	Dendloo		Day, Year)		JURY	WORK?	288. DE	SCRIBE NOW	INJURY O	CCURED		
2 Accident	Pending Investigation		249	2//	4 " 1	YES 2 THO	Co	LLAP	SEZ	>		
3 Suicide a	Could not be	28e. PLACE building	OF INJURY -	At home, ferm,	street, factory,	office		CATION (Street or Town, State		er or Rural	Route Number,	
4 Nomicide	determined	litere.	,,,	10	ME			116-	0			
29e. CERTIFIER	TIEVING PNY	SICIAN: To the heat	of my knowled	ine death occur	and at the time	data and place, and du	e to the ce	use(e) and me		Islad		
COLUMN OWN						on, death occured at th					(a) and manner as	stated
				That investigation		on, death occurred at th	tillie, out	e ena piece, e	10 000 10	the couse	(6) 616 11818161 66	otatou.
296. SIGNATURE AND TITL	E OF CERTIFI	ER	///	/	1/1	29c. LICENSE NI	JMBER	0	29d. D/	ATE SIGNE	D (Month, Day, Year	)
and the	666	ell	ul		0	DO	70	19		3-	24-9	1
30. NAME AND ADDRESS	OF PERSON W	NO COMPLETED CA	USE OF BEAT	N (ITEM 27) (Type	A CONTRACTOR OF THE PERSON NAMED IN	A	1				11/2	^
PRINCIS	(	MAY	8	200 4	JISCOM	SIN KUE	-51	3/0/1	红山	1 /	11020	8/9
31. DATE FILED (Month, Day	( Year)	32. REGISTI	AR'S SIGNAT	URE				/		-	··· · · · · · · · · · · · · · · · · ·	/
MAD 27	200	1.0.	Karille .	10 . J. M	1							

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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and c	2/
	ci.
	9068

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

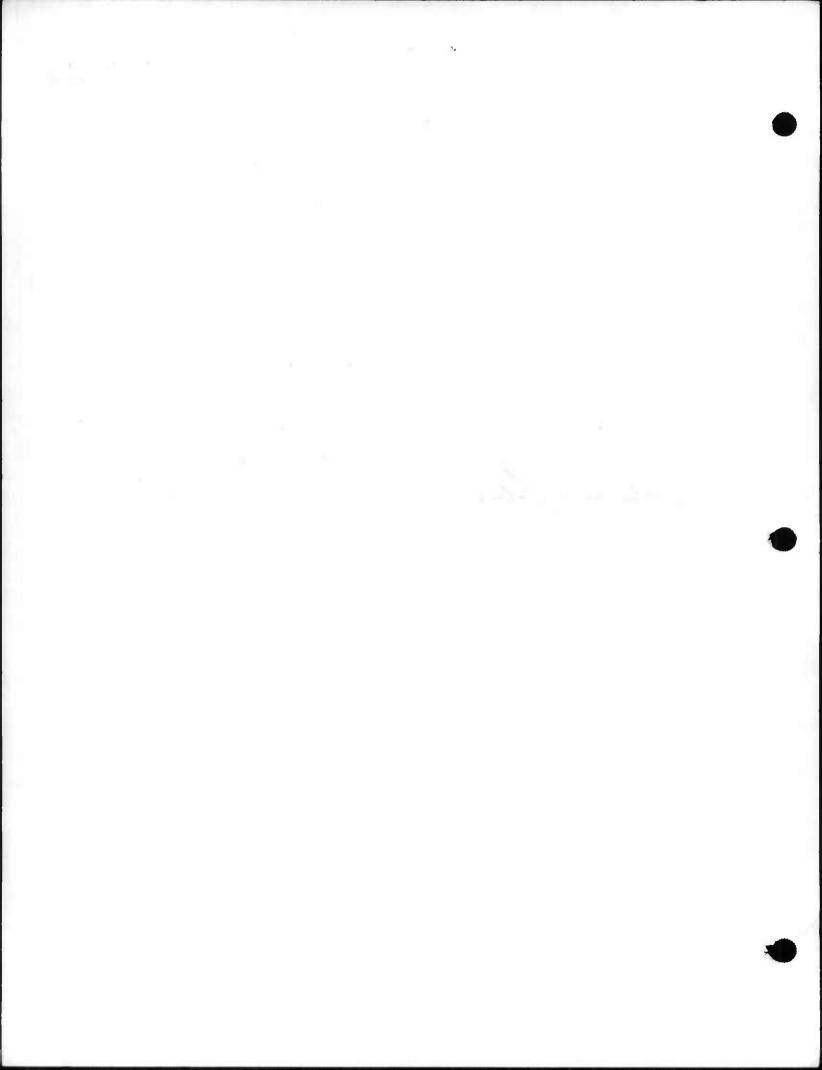
IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

to

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CERTIFIC	ALE OF DEA	MIH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		191	•		2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
SHIRLEY, R., M	JLLINEAUX			(	03-16-92		6:00a
SOCIAL SECURITY NUMBER	100 000		FUNDER 1 YEAR IF UND	-	7, DATE OF BIRTH (Month, Day, Year)	8. BIR	TTHPLACE (State or Foreign untry)
215-28-9890	1 🗆 M 2 💂 F	60 YRS.	MINS DAYS HOURS	. (	01-31-19		Maryland
. FACILITY NAME (If not institution, give a	treet and number)	9	b. CITY, TOWN OR LOCA	TION OF DEA	TH	9c. COUNTY OF	OEATH
5236 Kerger Ro	ad		Ellicot	t Ci	tv	Howa	rd County
ESIDENCE OF DECEDENT					<u>,,</u>	220110	
a. STATE 10b. COUNT	1	10c. CITY, 1	OWN OR LOCATION				10d, INSIDE CITY LIMITS?
Maryland Ho	ward Coun-	ty Ell	Licott Ci	ty			1 YES 2 NO
e. STREET AND NUMBER			101. ZIP CO	DE		10g. CITIZEN O	F WHAT COUNTRY?
5236 Kerger Ro	ad		210	43		USA	
. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT	OF HISPANIC	C ORIGIN? (Specify Yes	or No — 14. R/	ACE — American Indian, lack, White, etc.
□ Never Married 2 🔯 Merried □ Wildowed 4 □ Divorced	FORCES? 1 _ YES	DATES NO	1 TYES 2 N		, Puarto Rican, etc.)		white
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US	UAL OCCUPATION k done during most of wor	kina	16b. KIND OF BUS	INESS/INDUSTRY	7
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r	etired.)	KING			
11th	H1003 1 V2	Special	L Ed. Ass	t.	Schoo	l Bus	
FATHER'S NAME (First, Middle, Last)				_	E (First, Middle, Melden S		
Roger	Bell	L	110	abel			Evans
. INFORMANT'S NAME (Type/Print)	بالمد ب بريد		DDRESS (Street and Numi		oute Number, City or Thurn		
hirley R. Cla	ulcon	4.00	and the second second		the state of the s		MD 21043
METHOD OF DISPOSITION							
a. METHOD OF DISPOSITION  ☐ Burlal 2 10 Cremation 3 ☐ Rem	ound from State	b. PLACE OF DISPOSITE other place)				ATION — City or	
Donation 5 Other (Specify)		altimore-	7			2 Lau	rel, ND
SIGNATURE OF FUNERAL SPRVICE LI	DENSEE		22. NAME AND ADD	RESS OF FACI	Slack	Hunon	al Home
1 Lot lelle	~/U.V.	100535	1277	: aa+:			nd 21043
equentielly list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	C	A CONSEQUENCE OF):					
nat initiated events neuiting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
ART ii. Other significant condition	ns contributing to death	but not resulting in	the underlying caus	e given in P	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDING
			L- IDMIC-CO		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Arteriosclero			sease.		1 🖔 YES 2	□ NO	OF DEATH?
Old myocardia	<u>l infarction</u>	•			- 1		1 CH YES 2 INO
					1		
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF	DEATH (Chec	ck only one)		
t YES 2 NO	1 Inpetient 2 ER/Ou		OTHER:	Residence 6	6 Other (Specify)		
MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)				28d. DEŞCRIBE HOW II	JURY OCCURED	
1 Natural 5 Pending Investigation	(morni, pay, roar)		M 1 YES	□ NO			
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUI	TY — At home, farm, str	eet, factory, office		281. LOCATION (Street a	nd Number or Ru	rel Route Number,
4 Homicide determined	building, etc. (Sp	out)			City or Town, State)		
CERTIFIER ATT CERTIFYING BUYE	ICIAN, To the best of	undandara de de de	at the time of the		to the entered to the		
(Check only	SICIAN: To the beat of my kno						
Z MEDICAL EXAMIN	ER: On the besis of examinat	ion and/or investigation,	in my opinion, death oc	cured at the t	time, suite end place, en	u due to the ceu	eviej and manner ee stated
signature and title of certifie	blandrea 19	fellen 2		D3080			NED (Month, Day, Year)
NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE OF T	DEATH (ITEM 27) (Type, P	rint)				
Jean M. Coland	rea, M.D., 9	00 Caton A	venue, Bal	ltimor	e, MD 21	229	
DATE FILED (NY 974), Apy, Year)	32. REGISTMAR'S PR	SNATURE SA	•				
DATE FILED MAR 2" 0"92	gista Da	snature Randel	ic.				



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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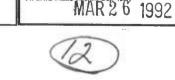
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR		SIMIE UT I		RTIF		E OF			MENIA	REG.		t		
1. DECEDENT'S NAME (First	Middle, Las	1)								OF DEATH	Н			3. TIME OF DEATH
		McCULLOUG	Н						03 14				992	4:02P M
4. SOCIAL SECURITY NUME		5. SEX	MOUTE DAME LIGHT AND							7. DATE OF BIRTH (Month, Day, Year)			8. BIRTH	IPLACE (State or Foreign
578 28 3975		1 M 2 R F	- 72	WAIT		9 1	9:			ington N.C.				
90. FACILITY NAME (If not in			_		9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	ATH			9c. COU	NTY OF D	EATH
Doctors Con	munit	y Hospita	1		Laı	nham						Prin	ice (	Georges
10a. STATE	10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	ION							10d. INSIDE CITY
Maryland	Prin	ce Georges	3	Во	wie									1XXYES 2 □ NO
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUN										VHAT COUNTRY?				
12108 Rusti	c Hil				-		2071	_					ted	States
11. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2-A		13.		cify Cube	n, Mexica	n, Puerto I			or No-	14. RACI	E American Indian, k, White, etc.
3 ☑ Widowed 4 ☐ Divo		IF YES, GIVE W		0		1 TYES	2 😿 NO	Specify	· N	0			Spec	White
	EDENT'S ED	DUCATION de completed)				CCUPATIO			16b	KIND OF	BUS	BINESS/IN	DUSTRY	***************************************
Elementary/Secondary (I	-	College (1-4 or 5	Ma	Do NOT us	e retired.)	during mos	at or workin	ng						
12		2	C1	erk					S	tand	ar	d Dr	ug S	tore
17. FATHER'S NAME (First, M William R.		er							ME (First, I			Sumame)		
19a. INFORMANT'S NAME (1									м. т					
Mary McCul		Blundel1				Stic								20715
20a. METHOD OF DISPOSIT			20b. PLACE					I DI	DAT				City or To	
1 Buriel 2 Crematic		moval from State	Fort	matory or o	ther place	Ceme	terv	3/1	8/92	11037-				aryland
21. SIGNATURE OF FUNERA	L SERVICE I	LICENSEE			22	NAME AN	D ADDRES	SS OF FA	CILITY					aryranu
> Kab	N	-5 5,0	TIMA		, B	eall.	-Evai	ns Fi	unera	al Ho	om	e, P	.A.	
23. PART I. Enter the d	Iseasea, o	r complications tha	caused the de	PAL ath. Do r	ot ente	r the mo	de of dvi	apor.	LS KO	ilac or n	WC	1e M	aryla	and 20715
shock, or h	eart failure	. List only one cau	se on each line						7.05.51.0					Interval Between Onset and Death
disease or condition	181	CARRA	Jan Mus		1	40		W	No					Onset and Death
reaulting in death)		a. OUR TO	OR AS A CONSEC	UENCE O	F):	-)			, ,					
Sequentially list condit		" GRK	CWOR	2		OF	10	6	Co	no.	L			
if any, leading to imme	diate	DUE TO	(OR AS A CONSEC		F):	BVZC		- 1		201				
CAUSE (Disease or Inju		c	OR AS A CONSEC			BATC	w	DH	M	OSC	5			
resulting in death) LAS	т	_	(**************************************		,.									
		6.												
PART II. Other algnifica	-	one contributing to				nderlying V & C		given in	Part I.			AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
_ MOI!	MM	2,700				080			-	1 🗍 YE	S 2	NO		OMPLETION OF CAUSE OF DEATH?
	13/0/1	VOC	Model A.	mp					- 1					1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL	1				26 PI	ACE OF D	EATH /Ch	ick only on	ne)				
EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE									
27. MANNER OF DEATH		26e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT				)W II	NJURY OC	CURED	
	Pending Investigation	(Month, D	ny, rear)	INI	URY M	1 🗌 Y	ES 2	NO						
3 Suicide 6	Could not b	25e. PLACE O	F INJURY At ho	me, ferm, i	street, fac	tory, office			281. LOC.	ATION (Str.	oot e	nd Numbe	r or Rural F	Route Number,
4 Homicide	determined								Only	or 10W11, G	14107			
29e. CERTIFIER (Check only	IFYING PHY	SICIAN: To the best of	my knowledge, de	nth occurre	ed at the	time, date	end place,	, and due	to the cau	see(e) and	mare	ner as sta	ted.	
one) 2 MED	ICAL EXAMI	NER: On the beele of e	remination end/or I	nveatigatio	n, In my	opinion, de	eath occur	red at the	time, date	end place	, en	d due to ti	he cause(e	) end menner ee stated.
29b SIGNATURE AND TITLE	OF CERTIF	ER				y 141	29c. LICE	NSE NUM	IBER			29d, CAT	E SIGNED	(Month, Day, Year)
4 poin	hy	)	APPROVI	ME	- 1	y	V	1610	17			•	3-	14-92
30. NAME AND ADDRESS OF	PERSON W	MO COMPLETED CAUS				\ - S	reve	nu	N	W.		m	Mar	· 10
31. DATE FILED (Mogth, Day,	6 19	92 32. REGISTRA	R'S CIGNATURE	Rand	ee.	4 )							-,0	



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al.	examiner	
or remov	nedical	
tion,	the	
, crema	event,	
be filled writhin 72 hours after death with the State Dept. of Health and Merital Hygrene prior to burnal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
ygiene	other	TIFIC
Mental H	injury, or	IL CER
th and	amy	20
of Heal	shows	MEC
Lepi.	23	A
State	item	22
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ed wil	ORTA	SE C
De	IMP	10 E

_	REGISTRAR		CERTIFI	CATE OF D	EATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM J.	MIGLI	ORINI			2. DATE OF D		199	3. TIME OF DEATH  3. 45 PM
	4. SOCIAL SECURITY NUMBER 219 14 2492	10 10 2   F	(In yrs. lest birthday) 67 YRS.	MONTHS DAYS HO	UNDER 24 HRS. HURS MIN.		8 1924	Ba.	HRTNPLACE (State or Foreign ountry) Ltimore Md.
DIRECTOR	99. FACILITY NAME (If not institution, give str Sinai Hospital RESIDENCE OF DECEDENT	eet end number)		Baltin	IMOTE 9c. COUNTY OF DEATN				
8	10a. STATE 10b. COUNTY		10c CITY	TOWN OR LOCATION					
L DIR	Maryland Anne	Arunde1		ofton	fton				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	1800 Seton Drive			21	21114 United Star				d States
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	If yes, specify	WAS DECENDENT OF HISPANIC ORIGIN? (Specify II yes, specify Cuban, Mexican, Puerto Rican, etc. 1 ☐ YES 2 ☒ NO Specify: NO				RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of world)  (College (1-4 or 5+)			ne during most of working d.)  Archd			ese of	f Baltimore
E		0	Priest/C	lergyman		Rom	an Cat	.holid	c Church
BE CO	17. FATHER'S NAME (First, Middle, Last)  Joseph C. Miglior	MOTNER'S NA			ame)				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street end N	lumber or Rural F	Route Number, C	ity or Town. St	etn. Zip Code	9)
2	Louis J. Migliorin	Larchwood	Stree	t New	Carrol	1ton	Md. 20784		
	1 Donation 6 Other (Specify)	r DISPOSITION (Name o par place) an Cremat	ory						
	21. SIGNATURE OF FUNERAL SERVICE LICE  Robert E	Evans	Doop	22. NAME AND A Beall-E 16000 A	vans Fu	uneral	-		
	23. PART I. Enter the diseases, or co	omplications that ceuse	d the deeth. Do no	ot enter the mode of	of dying, suct	n aa cardiac	or reapirato	ry arrest.	Approximata
	ahock, or haart failure. L IMMEDIATE CAUSE (Final disease Dr condition resulting in death)	let Dnly one ceuse on	each line.	FAILU			ov veaph ato	, anout,	Interval Between Onset and Death
NOI	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  AAB HEPATITIS  DUE TO (OR AS A CONSEQUENCE OF):								
FICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		O (OR AS A CONSEQUENCE OF):						
CERTIFICATION	that initieted eventa resulting in death) LAST		- CONSECUENCE OF						
	PART II. Other significent conditions	contributing to death	but not resulting in	the underlying co	una ahuan la l	Don't Day	WAS AN AUTO	I	
PHYSICIAN: MEDICAL				. are arrawing to	use given in		PERFORMED YES 2   1	?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž I								- 1	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL			28. PLACE	OF DEATH (Che	ck only one)			
<b>%</b> Ⅱ		HOSPITAL:		OTHER:					
¥∥	27. MANNER OF DEATH			4 Nursing Home 5					
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJU			26d. DEŞCRIB	E NOW INJUR	Y OCCURE	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, lerm, str cify)	reet, factory, office		281. LOCATION City or You	(Street end N m, Stete)	umber or Ru	ral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER								se(e) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	o Intern		290	LICENSE NUM	BER	290	DATE SIGN	NED (Month, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, F	Print) 57N	17/1	400	PIT	41	11/72
	31. DATE FILEO (WAR 2 6 199	2 32. REGISTRAR'S SIGN	Mason-Rando		/	103	, , ,	714	_



DHMH-16 Rev 1/89

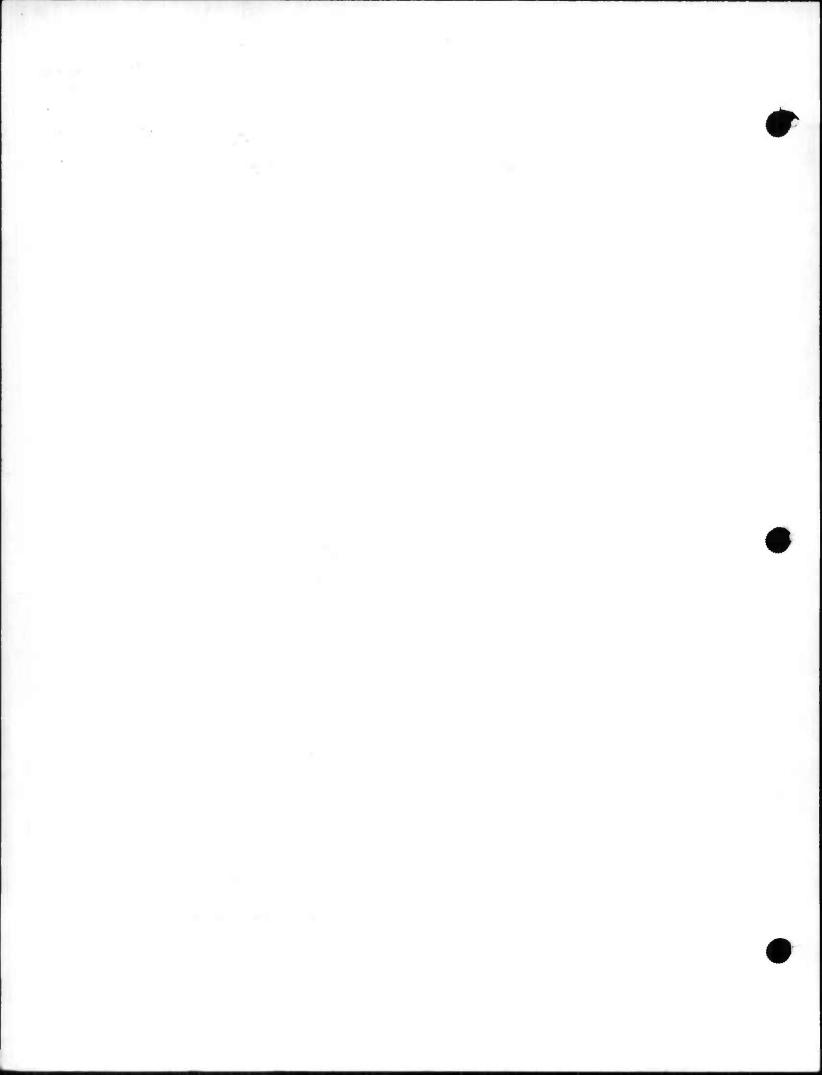
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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	be filed within 72 hours after death with the State Dept. of Heatrn and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	uted within	completely	nai, cremat	c event, 1
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SIVIS	DR ATTE	DIRECTO	yorns aft.	tem 28
	SPITAL	NERAL	hin 72 h	NT: If I
	OTHE HO	THE FU	9 filed wit	MPORTA
	F	F	٥	-

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR	CER	<b>TIFICAT</b>	E OF DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)Doris Eliz						3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 M  9e. FACILITY NAME (if not institution, give street and number)	AGE (In yrs. lest birtl	PRS. MONTHS	R 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.  Y, TOWN OR LOCATION OF DE	7. DATÉ OF BIRTH (Month, Day, Yo	17	BIRTHPLACE (State or Foreign Country) Washington, D.C
TOR	6810 Walker Mill Road, Apt	. 102		District Heig			ce Georges
DIRECTOR	Maryland Prince George			on Location trict Heights	5		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	6810 Walker Mill Road, A	pt. 102		101. ZIP CODE 20743			ed States
ВУ	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	10	I. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica 1 YES 2 NO Specify	n, Puarto Rican, etc	y Yes or No- 14	Black  Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  12th grade	(Give id ille. Do i	NOT use retired	during most of working	U.S.	Dept. of Develo	Housing &
BE CON	17. FATHER'S NAME (First, Middle, Lest) Alonzo	Johnson		Etta	ME (First, Middle, M	В	utler
TO B		- 1		SS (Street end Number or Rural			
-	Valerie L. Manchester Jone	1	-	rew Street, V			
	20a. METHOD OF DISPOSITION POSEURIAL 2 Cremation 3 Removal from State	other place)		Name of cemetery, crematory or		c. LOCATION CH	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Grei	nwood 12	Cemetery  NAME AND ADDRESS OF FA	CILITY T _ L	wasningt	on, D. C.
	John W Latriey	9-1	3	831 Georgia <i>1</i>	Laun Avenue,N	.W.;Wash	.D.C. 20011
	23. PART I. Enter the diseases, or complications that abock, or heart fellure. List only one ceus iMMEDIATE CAUSE (Final disease or condition resulting in death)	ceused the death.	Do not ent	er the mode of dying, suc	h as cardiac or	respiratory arres	tt, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DR AS A CONSEQUE	NCE OF):	est arterio	sele	roliz	en desea
DICAL	PART II. Other significent conditions contributing to d	leath but not resu	illing in the	underlying cause given in		AS AN AUTOF SY ERFORMED? ES 2   100	JAb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: ME							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? HOSPITAL:		ОТН	28. PLACE OF DEATH (CI	neck only one)		
XS	1 VES 2 NO 1 Inpetient 2	ER/Outpatient 3 🗆	DOA 4 🗆 N	ursing Home 5 M Rasidence			
ВУ РН	1 Natural 5 Pending 2 Accident Investigation (Month, Dec	( Year)	Bb. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO		OW INJURY OCCU	
ETED	3 Suicide 6 Could not be detarmined	INJURY — Al home, tc. (Specify)	rarm, street, r	ectory, office	City or Town,		r Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a medical EXAMINER: On the basis of axis						
S	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Year)
TO BE	hyoravally 10			0128	79	ma	r 18,1982
-	ALTENSO VOLLE, MD	10701 7	(Type, Print)	TON DR. C	b1260)	MD	20772
	31. DATE FILED (Month, Day, Year)  MAR 9 5 1002	SIGNATURE A	andall	,			





OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. detached 2 notified at 9 must funeral director, medical examiner attending physician and completely filled in by the material Hygiene prior to burlal, cremation, or removal. the event, traumatic y the attending physical Mental Hygiene p injury, or other signed by the shows any has been s Dept. of H 1 23 shov this certificate h 6 marked, L DIRECTOR: After the hours after death with them 28 is mark TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

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DIVISION OF VITAL RECORDS,

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BALTIMORE, MARYLAND 21215-0020

Items 23 Part I, 27,28a,b,c,d,e,f per MEO, 4/22/92, G-686 gn Items: 23 part I,27, per MEO G-686 4/15 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 102 19 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Andrew Mitchell 3 92 6:36 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Country) DAYS 1 M 2 - F YRS. 220-82-6391 30 9/24/61 Washington. DC Se. FACILITY NAME (If not institution, give atreet 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Doctors Hospital Lanham Prince Georges 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Maryland Prince George's Tanham 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9014 Magnolia Ave. 20706 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Laborer Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Majden Surname) Eugene Tullis Mitchell 띪 Rosemary Ardis Young 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)
9014 Magnolia Arrows 19a, INFORMANT'S NAME (Type/Print) 0 Magnolia Avenue, Lanham, Maryland, 20706 Rosemary Mitchell 20a. METHOD OF DISPOSITION
1 N Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Fort Lincoln Cemetery 4 Donation 5 Other (Specify) 3/16 Brentwood, Maryland 21. SIGNATURE OF EWNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Fort Lincoln Funeral Home, Inc., 3401 mer Bladensburg Rd. Brentwood, Maryland 20722 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximsta shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition Narcotic and alcohol intoxication resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 X YES 2 | NO 1 Inpetient 2X ER/Outpetient 3 I DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27 MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 20d. DESCRIBE NOW INJURY OCCURED ST Fending 1. W Natural unknown M 1 YES 2 NO BY Found 3-12-92 2 Accident unknown 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 🔀 Could not be determined COMPLETED 4 Homicide unknown 29s. CERTIFIER

(Chack ank

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 🔀 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner sa stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MChime 3-13-92 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

111

32. PHENDRAPH SIGNATURE Mandale

Penn Street, Baltimore, Maryland

FOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+Trours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 70 hours after heart with the State Devil of Health and Mental Hoolene brior to burial, commation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	21	3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)			ATE OF DEATH	•					
( ATTE 811:	EZ	MIL	6	2. DATE (	OF DEATH	YEAR 3. TH	NE OF DEATH		
4. SOCIAL SECURITY NUMBER	6. SEX 6. AGI		UNDER 1 YEAR IF UNDER 24 NTHS DAYS HOURS	HRS. 7. DATE C	OF BIRTN Day, Year)	8. BIRTHPLACE Country)	(State or Foreign		
9a. FACILITY NAME (If not institution, give	street and nymber)		CITY, TOWN OR LOCATION	OF OEATH	Me. COUN	TY OF DEATH	A P. C		
Maryland Pri	nce George's		own on Location iple Hills				NSIDE CITY JMITS? YES 2 NO		
4106 Lyons St.			101. ZIP CODE 20748				109. CITIZEN OF WHAT COUNTRY? U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR		13. WAS OECENDENT OF If yes, specify Cuben, 1 YES 2 Y NO	Maxican, Puerto R	? (Specify Yea or No— lican, etc.)	14. RACE — An Black, Whit Specify: U	nerican Indian, a, atc. 14/1E		
15. OECEOENT'S EOU (Specify only highest grad		16a. OECEDENT'S US	UAL OCCUPATION done during most of working stred.)	16b.	KIND OF BUSINESS/IND	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Peace (		1	Federal Gov	vernmen	t		
17. FATHER'S NAME (First, Middle, Lest) George Menke				rs name (First, M ristina	No1te				
19a. INFORMANT'S NAME (Type/Print) Agnes C. Menke		19b. MAILING AD 4106 Ly	PORESS (Street and Number of Yons St. Tem	Purel Route Numb	er, City or Town, State, Zip 1s, Marylar	code) nd 2074	.8		
20e. METNOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	movel from State	Ob. PLACE OF OISPOSITION Other place)	ON (Name of cametery, cremate		20c LOCATION - 0	City or Town, St	nta		
21. SIGNATURE OF FUNERAL SERVICE LI	Hales	)		Kalas 1	Funeral Hor	ne			
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)			CT CANCER				Onset and De		
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
if any, leading to immediate	bDUE TO (OR AS	A CONSEQUENCE OF):							
	С.	A CONSEQUENCE OF):  A CONSEQUENCE OF):							
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF):	tha undartying cause giv	ren in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1   YES 2   NO	COMP OF DI	ABLE PRIOR TO		
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  PART III. Other signifi	cDUE TO (OR AS	A CONSEQUENCE OF):	tha undartying cause give		PERFORMED?	COMP OF DI	ABLE PRIOR TO PLETION OF CAUSI EATH?		
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition of the condition of the cause of the	cDUE TO (OR AS	but not resulting in		NTN (Check only on	PERFORMED?, 1 ☐ YES 2 ☑ NO	COMP OF DI	ABLE PRIOR TO PLETION OF CAUSI EATH?		
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART III. Other sign	d	but not resulting in the state of the state	26. PLACE OF DEA	STN (Check only one dence 8 Other	PERFORMED?, 1 ☐ YES 2 ☑ NO	AMAIL COMPONENT OF DI	ABLE PRIOR TO PLETION OF CAUSI EATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART III. Other significant condition  PART III. Other significant condition  PART III. Other significant condition  PART III. Other s	DUE TO (OR AS  d	but not resulting in to state the state of t	26. PLACE OF DEA  THER: Nursing Nome 5   Resilver Y WORK? M 1   YES 2	NTN (Check only one dence 8 - Other 28d. OES	PERFORMED? 1 YES 2 NO 9)	AMAL COME OF DI 1	ABLE PRIOR TO LETION OF CAUSE LETION YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART II. Other signi	DUE TO (OR AS  d	but not resulting in the street of the stree	26. PLACE OF DEA  THER: Nursing Nome 5  Real  F 28c. INJURY AT  WORK?  M 1 YES 2  et, fectory, office  at the time, deta and piece, a	ATN (Check only on dence 8 Other 28d, OE\$	PERFORMED?  1 YES 2 NO  (Specify)  CRIBE NOW INJURY OCC  ATION (Street and Number or Town, State)	ANAL COME OF DI 1 □	ABLE PRIOR TO LETION OF CAUSI LATIT? YES 2 NO No		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART II. Other signi	DUE TO (OR AS d.  DOB CONTributing to death  HOSPITAL: 1   Inpatient 2   ER/Or  28a. DATE OF INJUR (Month, Dey, Year building, etc. (S)  SICIAN: To the best of my known.	but not resulting in the street of the stree	26. PLACE OF DEA  THER:  Nursing Nome 5  Reel  FY  M 28c. INJURY AT  WORK?  1 YES 2  et, factory, office  at the time, deta and place, a	ATN (Check only on dence 8 Other 28d, OE\$	PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 (Specify)  CRIBE NOW INJURY OCC  ATION (Street and Number or Town, State)	ANAL COME OF DI 1 □	LETION OF CAUSE EATH?  YES 2 NO  Number		
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition    PART II. Other algnificant condition   PART II.	DUE TO (OR AS  d	but not resulting in the state of the state	26. PLACE OF DEA  THER: Nursing Nome 5	ATN (Check only one dence 8 Other 28d, OES NO 28f, LOCI City of the cau if at the time, data	PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 (Specify)  CRIBE NOW INJURY OCC  ATION (Street and Number or Town, State)  100(1) and manner as state and place, and due to the state of	AMALCOME OF DI 1   CURED  Or Rural Route In e. cause(a) and E. SIGNED (Mont.  J. 2. 9	ABLE PRIOR TO LETION OF CAUSE LETION OF CAUSE LETION VES 2 NO  Number,  manner as stated  h, Day, Year)		



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAN				ENTIF	ICAIL	UF	DEA	1 [		REG. NO	<u>.                                      </u>			
1. DECEDENT'S NAME (First, Mi	ddle, Leet) RRAIN	NE MOS	SBY						2. DATE O		AY	YEAR		of DEATH
4. SOCIAL SECURITY NUMBER NOT AVAILAR	BLE	5. SEX	6. AGE (In yrs. I	ast birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE O (Month,		54	a. BIRT	HPLACE (S	State or Foreign
9s. FACILITY NAME (If not institu	ition, give si	reet and number)	30		9b. CITY	. TOWN C	OR LOCATI	ON OF D	EATH 2		9c. COU			
PP PRINCE G	EORGI	ES HOSPI	ΓAL				ERLY	ion or pr	LAIN			G G	DEATH	
RESIDENCE OF DECEI	b. COUNTY	,		10c CIT	Y, TOWN C	OR LOCAT	THOM .						I 404 MI	IDF OUTV
	RING	CE GEO			ITO			TS					VLIM	NDE CITY NTS? S 2 NO
10e. STREET AND NUMBER	ODO	DIVE	ו 4 חת	0.4		101	207						WHAT COL	JNTRY?
5225 MARLE	ORU	12. WAS DECEDEN			12	WAS DEC			NIC ORIGIN?	Manale. W.		7.S.		
1 Never Married 2 Ma 3 Widowed 4 Divorce			YES 2 Z			If yes, sp	ecify Cubi	n, Mexica	an, Puerto Ri	cen, atc.)	or No —	Spe	ck, White, in	icen Indian, sic.
15. DECEDI (Specify only his	ENT'S EDUC	CATION	16a. C	ECEDENT'S Give kind of	USUAL O	CCUPATIO	ON		16b.	KIND OF BU	SINESS/IND	USTRY		
Elementary/Secondary (0-12)		2 YRS		DO NOT US	se retired.)	aunng mo	IST OF WORK	ng		PRIV	ATE			
17. FATNER'S NAME (First, Middl	e. Last)				-		18 MOT	HED'S NA	ME (First, Mi	irida Maidan	Comama			<del>_</del>
	SBY								JOH					
194 INFORMANTS NAME TO	SBY		1						Route Numbe	w, City or Tow	n, State, Zip	Code)		
261. SETHOD OF DISPOSITION	3 🗌 Reme	oval from State	20b. PLACE	HVAT ANDDATEC MONY	OF DISPOS	ITION (Na	me of	1)	3/2		CATION —			
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL, S			- IIAI	(HOW I	MO	NET	Apone	dd bein	CONTY - II	OME -	NDOV	LK	MD	
- Janey	21	Die	iem	2	13	821	K 4 4 7	Eh" 3	STAN.	W.				
23. PART I. Enter the diseshock, or hear iMMEDIATE CAUSE (Finel disesse or condition resulting in death)	t fellure.	B. ODE TO	(OR ASTA BONS	0 /	Res	the mo	de of dy	ling, suc	y D	Z	iratory arr	•st,	Int	proximate lerval Batween iset and Death
Sequentially list condition if any, leading to immediateuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	te	p	(OR AS A CONSI			lin		0/	ihe	Je	(	VA		
resulting in death) LAST	l.	1											<u> </u>	
PART II. Other algoliticent		a contributing to	deeth but not	reaulting (	in the un	deriying	g cause	given in		24n. WAS AN PERFOI 1 YES 2	RMED?	24	OMPLET OF DEAT	TOPSY FINDINGS LE PRIOR TO TION OF CAUSE H? B 2 \( \text{I} \) NO
25. WAS CASE REFERRED TO M EXAMINER?	EOICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one,	)				
1 TYES 2 NO		1   Inpatient 2		1	4 🗆 Nun	sing Nom		sidence	8 🗆 Other	(Specify)				
27. MANNER OF OEATH  1 Natural 5 Pen 2 Accident Inve	ding	28s. DATE OF (Month, D	INJURY ay, Year)	28b. TIM INJ	E OF URY M		URY AT RK? YES 2	NO	28d. DESC	RIBE HOW I	NJURY OCC	CUREO		
3 Suicide 6 Cou	ild not be irmined	28s. PLACE O building,	F INJURY — At h atc. (Specify)	ome, farm, s	Rreet, fact	ory, offic			28f. LOCAT City or	FION (Street : Town, State)	and Number	or Rurel	Route Num	ber,
		CIAN: To the best of											s) and mar	nner as stated.
296. SHOWATURE AND TITLE OF	2	M	D				29c, LICI	ENSE NUI	MBER		29d, DATE	SIGNE	24	192
30. NAME AND ADDRESS OF PE	HRON WHO	COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type,	Print)		PE	1	03 P	1-1	1	7		
31. DATE FILED WORVED ON THE	199	2 32. REGISTRA	R'S ATGNATURE	-Rand	200			, 1 1			~			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 after death, Page 6 may be retain	IERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	
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	1. DECEDENT'S NAME (First, Middle, Last	0	CERTI	FICATE O	PULAIN	2. DATE OF DEATH		3. TIME OF DEAT		
	Alfred	Morris J	r.			MAR		9 1:30		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthda			7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Fo		
	173-26-4915	1  M 2  F	61 YRS	15. FEB 7.19				Virginia		
or.	9e. FACILITY NAME (If not institution, give			9b. CITY, TOW	OF DEATH					
Ē	6702 McKeldin Dr	ive		Suitl	and		Prince	Prince George's		
DIRECTOR	10e. STATE 10b. COUN	ITY	10c. C	CITY, TOWN OR LO	OWN OR LOCATION					
	Maryland Prin	ce George's	Su	itland			1 □ YES 2 🎘			
RA					101. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	6702 McKeldin Dr	12. WAS DECEDENT EVE	13. WAS 1	2074 DECENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No.— 14.	S. A. RACE — American India			
	1 Never Married 2 Merried FORCES? 15 YES 2 IF YES, GIVE WAR OR DATES			Il yes,		an, Puerto Ricen, etc.)		Black, White, etc. Specify:		
ED BY		1950 - 19	Total Control of the					Black		
	15. DECEDENT'S EC (Specify only highest gra	(Give kind	T'S USUAL OCCUP. of work done during T use retired.)		16b. KIND OF	BUSINESS/INDUS	TRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			Sergeant.	II S	Air Ford			
NO.	17. FATHER'S NAME (First, Middle, Last)		Benroi	Master.		AME (First, Middle, Meld		<u> </u>		
ш	Alfred Morris.	Sr.				Josephir	ie Ra	avfield		
TO B	190. INFORMANT'S NAME (Type/Print)					Floute Number, City or	Town, Stata, Zip Co	de)		
	Betty Morris					Suitland.				
	206. METHOD OF DISPOSITION  1 Started 2 Cremetion 3 Removal from State  206. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremetary, or other place)  A Donation 6 Other (Specify)  A Donation 6 Other (Specify)									
	21. SIGNATURE OF FAMERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Lee Funeral Home, Inc.									
	iMMEDIATE CAUSE (Final disease or condition	e. List only one cause o	on each line.	o not enter the	mode of dying, su	xander Fer	rry Rd	Clinton Mo		
CATION	ahock, or heart failure iMMEDIATE CAUSE (Final	s. Due to (on a Du	as a consequence	o not enter the	est tery o	xander Fer	cry Rd., spiretory street	Approxim Interval B Onset and		
DICAL CERTIFICATION	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	O not enter the	est tery o	ch es cardiec or re	cry Rd., spiretory street	Clinton Mo		
MEDICAL CERTIFIC	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	O not enter the	est tery o	ch es cardiec or re	an AUTOPSY	Approxim Interval B Onset and  24b. WERE AUTOPSY FI AWALABLE PRIOR COMPLETION OF CO OF DEATH?		
AN: MEDICAL CERTIFICATION	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condi	s. DUE TO (OR /  DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	o not enter the	est tery o	ch es cardiec or re	an AUTOPSY	Approxim Interval B Onset and  24b. WERE AUTOPSY FI AWALABLE PRIOR COMPLETION OF CO OF DEATH?		
SICIAN: MEDICAL CERTIFICATION	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions	b. DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting	o not enter the	mode of dying, su	n Part I. 24a. WAS PERI 1 YES	an AUTOPSY	Clinton Mc Approxim Interval B Onset and Onset and  24b. WERE AUTOPSY FI AWALABLE PRIOR COMPLETION OF C		
AN: MEDICAL CERTIFICATION	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions 25. WAS CASH REFERRED TO MEDICAL EXAMPLERY	B. List only one cause of state of the contributing to deel one contrib	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	o not enter the  OF):  OF):  OF):  OTHER: 4   Nursing   INJURY M 1	ying cause given in  B. PLACE OF DEAPH (C.  Home 5   Residence  INJURY AT  WORK?  YES 2   NO	n Part I. 24a. WAS PERI 1 YES	AN AUTOPSY FORMED?	Approxim Interval B Onset and Onset		
TED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initilated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	B. List only one cause of such as a contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contribution to th	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  Toutpetient 3 DOA  TOUTPETIENT 28b. 1	o not enter the  OF):  OF):  OF):  OTHER: 4   Nursing   INJURY M 1	ying cause given in  B. PLACE OF DEAPH (C.  Home 5   Residence  INJURY AT  WORK?  YES 2   NO	n Part I. 24a. WAS PERI 1 YES  theck only one) 8 0 Other (Specify)	AN AUTOPSY FORMED?  S 2 NO	Approxim Interval B Onset and Onset		
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident   Investigation 3 Suicide 6 Could not be 4 Homicide determined	B. List only one cause of such as a contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contributing to deed to the contribution to th	AS A CONSEQUENCE AS A C	OTHER: A 4 Nursing F INJURY M 126.  Time OF Instruction of the time, o	winde of dying, su  ying cause given it  B. PLACE OF DEATH (C.  Home 5 Residence INJURY AT WORK?  YES 2 NO  office	ch es cardiec or re  n Part I. 24a. WAS PERI 1 YES  Other (Specify)  26d. DESCRIBE HO  281. LOCATION (Strr City or Town, St	AN AUTOPSY FORMED?  So 2 NO  W INJURY OCCUP  wet end Number or afte)	Approximinterval B. Onset and Onset		
TED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	B. List only one bause of such as a contributing to deep to the contributing to deep to the contributing to deep to the contributing to deep to the contributing to deep to the contributing to deep to the contributing to deep to the contributing to deep to the contributing to deep to the contributing to deep to the contributing to deep to the contribution of the co	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  (Outpetient 3   DOA  JRY   28b. 1  JURY   At home, ferr (Specify)  As a consequence  (Specify)	o not enter the  OF):  OF):  OF):  OTHER: 4   Nursing   TIME OF   INJURY   M   1   Im, street, factory, coursed at the time, coursed at	winde of dying, su  ying cause given it  B. PLACE OF DEATH (C.  Home 5 Residence INJURY AT WORK?  YES 2 NO  office	ch es cardiec or re ch es	AN AUTOPSY FORMED?  So 2 A NO  W INJURY OCCUPANTS OF THE PROPERTY OF THE PROPE	Approximinterval B. Onset and Onset		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrop be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILEO (Mornth, Day, Year)

32. REGISTRAR'S SIGNATURE

	FOR 1 . STATE	STATE OF MARY	LAND / DEPA	RTMENT OF	HEALTH AP	ND MENTA	II HYGIEN		2 10223
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	FICATE OF		2. DATE	REG. NO.		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	ler.	JR.	1	2	3 14 9		d I I
		100ma [7]	E (In yrs. last birthday)  YRS.	MONTHS DAYS	HOURS MI	III. (Mon	(Month, Day, Year) Co		B. BIRTHPLACE (State or Foreign Country)
	218-66-1412  9a. FACILITY NAME (If not institution, give :		59 YRS.	DE CITY TOWN	OR LOCATION C		/29/32	T	Maryland
DIRECTOR	HARFORD Me	morial H	lospital	HAVN	- de G	race	, md	9c. COUNT	arford
<u>ا</u> پي	10s. STATE 10b. COUNT	Υ		10d. INSIDE CITY					
	Maryland	Harford		Bel A	ir				LIMITS?
AL	10s. STREET AND NUMBER			11	Of. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	111 Royal Oak Dr.	ive			21014			П	S.A.
2	11. MARITAL STATUS	12. WAS DECEOENT EVER			CENDENT OF HI				4. RACE American Indian, Black, White, atc.
BY	1 1 Nover Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	IF YES, GIVE WAR DR DATES			lexican, Puerto Specify:	Rican, etc.)		Block, White, atc. Specify: White
ED	15. OECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	S USUAL OCCUPATI	ION	164	b. KIND OF BUS	SINESS/INDUS	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	f work done during muse retired.)	ost of worling				
MP	0	0	Custod	ian		1	Restau	rant	
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER"		Middle, Meiden		
BE (	James Robert	Miller, Sr.			Ve	lma Wh	ite		
	19a. INFORMANT'S NAME (Type/Print)	0-2-	19b. MAILINE	D ADDRESS (Street				n, State, Zip C	code)
2	Mrs. Elizabeth Te	esterman	112	East Gor	don St	reet. I	Rel Ai	r. Mar	ryland 21014
	20a. METHOD OF DISPOSITION	201	b. PLACE AND DATE	OF DISPOSITION (N	_	DAT			ty or Town, State
	1 M Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		Darlingto	on Cemet	arv	3/			
	Darlington Cemetery 3/17 Darlington, Maryland  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Tarring—Cargo Funeral Home, P.A. Aberdeen, Maryland 21001—3399								
	23. PA/T I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO 109 AS A CONSEQUENCE OF:								
z		h /	Horn	tion 1	Prec	en.	nin		
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O						
2	CAUSE (Disease or Injury	с	CV.	1					
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEDUENCE O	F):					
MEDICAL C	PART II. Other significant condition	na contributing to death b	out not resulting	in the underlyin	ig cause giver	n in Part f.	24a. WAS AND PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH	(Check only or	ne)		
YS	1 TES 2 ND	1 Inpatient 2 ER/Out		4 - Nursing Hon		nce 8 🗆 Othe	er (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY WO	JURY AT ORK? YES 2 ND		SCRIBE HOW IN	IJURY OCCUP	RED
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, sicily)	street, fectory, offic	3 <b>6</b>	281. LOC City	CATION (Street a or Town, State)	nd Number or	Rural Route Number,
COMPLET		ICIAN: To the best of my know ER: On the basis of axamination							cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	valion	lin	no	29c. LICENSE	NUMBER		29d. DATE S	SIGNED (Month, Day, Year)
5	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  OF NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DELTA STATE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND I	MENTAL HYGIENI REG. NO.	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)  Margaret	Norr		garet La		2. DATE OF DEATH MONTH DA	1992	3. TIME OF DEATH 8,45 P. M		
	4. SOCIAL SECURITY NUMBER 214-28-4975	1 DM 2 DXF 59	n yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			HPLACE (State or Foreign		
CTOR	90. FACILITY NAME (If not institution, give et	Hospital		1	ard to		-			
DIRECTOR		. Mary's Holl			TION		10d. INSIDE CITY LIMITS? 1 YES 2X NO			
FUNERAL	52 Pinto Drive				20636		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES GIVE WAR OR DATES			ENDENT OF HISPAN Helty, Cuban, Mexica 2 1 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14. RAC Blac Spec	E — American Indian, ck, White, stc. city: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	JSUAL OCCUPATION ork done during monotred.)	WII200							
	11th Grade 17. FATHER'S NAME (First, Middle, Last) James William Ur.	lanager		Food S ME (First, Middle, Meiden S Regina Tho	Surname)					
TO BE	10a. INFORMANT'S NAME (Type/Print)  John Francis Norr	ris			nd Number or Flural F	noute Number, City or Town	, State, Zip Code)			
	4 Donation 6 Other (Specify)	METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Removal from State  Gametay, crematory or otheLplace)  DATE  20c. LOCATION								
	21. SIGNATURE OF FUNERAL SERVICE LICE  Muchael  .	Tardiner				rdiner Fun Leonardtow				
CERTIFICATION	23. PART il Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition) resulting in death)  Approximate interval Between Onset and Death  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CER	PART II. Other algorificant conditions	contributing to death bu	it not resulting in	the underlying	csuse given in	Pert I. 24a. WAS AN / PERFORI 1  YES 2	MED?	D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che					
ву РНУ	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	RK? ES 2 NO	28d. DESCRIBE HOW IN				
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	y)	reet, tectory, office		261. LOCATION (Street ar City or Town, Stete)	id Number or Rural	Route Number,		
COMPLET		fAN: To the best of my knowle : On the besis of examination						a) end manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	Some of the state	m,		D/Y2	BER F(	P 3	(Month, Day, Year) -25-72		
	DR. William	Boyd		init						
	31. DATE FILED MAR 2 7"92	Julia Davidso	n-Randell							

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29.58.05

State of the state

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pay the detached for use as the burial-transit permit. Pay INFORTANT: It Item 28 is marked, or Item 23 shows any injury. Or other transmits event, the medical examiner must be anothing at another.
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	1 - STATE REGISTRAR	STATE OF M	/ARYLAND / Ce	DEPAR ERTIF	TMEN ICATI	T OF H	DEAT	AND I	MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth	G.	O d l l l l l l l l l l l l l l l l l l							2. Date of Death March 23, 1992 1:30 A			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH		Count	
	9e. FACILITY NAME (If not institution, give s	21	70	1110.	9b. CITY	r, TOWN O	R LOCATI	ON OF DE		ne 1,19	9c, COUN		ash., D.C.
DIRECTOR	Fernwood House				700	ethes							omery
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	γ		10c CIT		OR LOCAT							
	MD Mon	tgomery				Chas					10d. INSIDE CITY LIMITS?		
IAL I	10e. STREET AND NUMBER						ZIP CODE	E			1 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	8101 Connecticu						208	15			U.S.A.		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2XX	MED IO		WAS DECI If yea, ape 1 YES	cify Cubs	n, Mexica	n, Puerto	N? (Specify Yee Ricen, etc.)	or No-	14. RACE Black Speci	- American Indian, t, White, etc.
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DE6	CEDENT'S	USUAL O	CCUPATIO	N st of workin		160	b. KIND OF BUS	INESS/IND	USTRY	
E	Elementary/Secondery (0-12)	College (1-4 or 5 +	,			during mos	n or workin	·v					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		по	mema	ker		18 MOTH	IFD'S NA	ME (First	Own H			
TO BE COM	Halford R. Gree	nlee							Mil		Sumeme)		
0	19e. INFORMANT'S NAME (Type/Print)					d Number	or Rural I	Route Num	nber, City or Town				
	Paul B. Oehmann							Ave	.,Ch	evy Ch			
	20s, METHOD OF DISPOSITION  1 (X Buriel 2   Cremetion 3   Removal from State  4   Donation 5   Other (Specify)   Date  20b. PLACE AND DATE OF DISPOSITION (Name of ognetery, cramatary of other place)  Gate Of Heaven Cemetery 3/26 Silver Spring, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY												
	Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., NW, Washington, DC 20016												
CERTIFICATION	interval Between Onset and Daath disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  Chronic obstructive lung disease  1   YES 2X  NO								24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	EATH (Che	ck only or	ne)			
PHYSICIAN:	1 TYES 2X NO 27. MANNER OF DEATH	1 Inpatient 2 I			4 XNum	ing Home		eldence		or (Specify)			
ВУ Р	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF WORK?  M 1 VES 2 NO											
8	2 Accident Investigation 3 Suicide 8 Could not be determined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									oute Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSIC (Check only one) 2 🗌 MEDICAL EXAMINE	CIAN: To the beat of a	my knowledge, dear	th occurre	d at the ti	me, date e	nd plece, ath occurs	and due	to the cau	use(s) and mani	ner ee atate	d. Cause(e)	end menner as atated.
TO BE C	296. SIGNAPORE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	+ Ble	ear				29c. LICE D23	NSE NUM 1556	BER				
	Robert H. B]	Lee, M.D.	, 5530 W	IISCO	Print) Onsin	Ave		hevy	v Ch	ase. MI	) 20	815	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAE	'S SIGNATURE				.,		, 511		- 20	010	
	MAR 25 '92	, ac	Sevidson	Pande	00_								

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5	ICIAN:
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21. Purs a
S	8
_	-

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Purs after death. Page 6 may be retained by the hospital or attending physician. DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit per hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO BE COMPLETED BY FUNERA	4615 PARK HEIGHTS  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Lest)  JOHN C. 0 LAUGHLI  19e. INFORMANT'S NAME (Type/Print)  JAMES P. 0 LAUGHL  20a_METHOD OF DISPOSITION  1 Pauriel 2 Cremetion 3 Removed  4 Donation 1 Other (Specify)
requires that the death certificate be executed within 2. Surs aftit been signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or remosthows any Injury, or other traumatic event, the medical shows any Injury, or other traumatic event, the medical	BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases of co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Diubets  Server
OR ATTENDING PHYSICIAN: The law requires that the OHECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or Item 23 shows any It	ETED BY PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 8 Could not be determined
TO THE HOSPITAL OR A TO THE FUNERAL DIREC De filed within 72 hours IMPORTANT: If Item	TO BE COMPLE	290. CERTIFIER (Chock only one) 2   MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER  August 4000000000000000000000000000000000000
3+/ E		Jaime Punzalan,  31. DATE FILED (Month, Day, Year)  MAR 30 '92

M.D.,

FOR G	TATE OF MADY	TAND / DEDA	OTMENT	OF HEALTH AND I	IACAITA I	UVCIENE	9	2 10226
- STATE REGISTRAR	DIALE UF MIANI			OF DEATH	MENIAL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	OF DEATH		3. TIME OF DEATH
John C.	0'Laugh	lin. Jr			монтн	26		AR 92 8:50 AM
		E (In yrs. last birthday	_	t YEAR IF UNDER 24 HRS.	7. DATE O	F BIRTH	8, 8	BIRTHPLACE (State or Foreign
2.2 22 2022 7		76 YRS.	MONTHS	DAYS HOURS MIN.	5/25	5/1915	WA	SHINGTON, D.C.
9a. FACILITY NAME (If not institution, give street				TOWN OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH
Pleasant Manor N	Nursing	Center	Ba	ltimore				
10e. STATE 10b. COUNTY		10c. C	ITY, TOWN	OR LOCATION				10d. INSIDE CITY LIMITS?
MARYLAND		12	лт ттм	ORE CITY				1 YES 2 NO
10e. STREET AND NUMBER		Į D.	ALITH	101, ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
4615 PARK HEIGHTS A	VENUE			21215				USA
	WAS DECEDENT EVER			WAS DECENDENT OF HISPAN If yes, specify, Cuban, Mexica			r No- 14.	RACE — American Indian, Black, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	1945-19	DATES		1 YES 2 NO Specifi		,		Specify: White
15. DECEDENT'S EDUCATION (Specify only highest grade com		16a. DECEDENT		CCUPATION during most of working	16b.	KIND OF BUSIN	ESS/INDUST	TRY
	ollege (1-4 or 5 +)	Me. Do NOT	use retired.)	during most or working				
	5+	ARCHDI	OCESE	PRIEST				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	liddle, Meiden So	Imeme)	
JOHN C. O'LAUGHLIN	. SR.			MARY ME	EEHAN			
19e. INFORMANT'S NAME (Type/Print)	,	19b. MAILI	NG ADDRES	S (Street and Number or Rural		er, City or Town,	State, Zip Coo	<sup>30)</sup> 20910
JAMES P. O'LAUGHLI	N (BROTHE	R) 733	SLIGO	AVENUE #314	SI	LVER SI	PRING,	MARYLAND
20a-METHOD OF DISPOSITION  1 - Buriel 2 - Cremetion 3 - Removal	from State	other place)	POSITION (N	eme of cemetery, crematory or		20c. LOCA	TION — City	or Town, State
4 Donation 6 Other (Specify)	2	MOUNT OL				WASH	INGTON	, D.C.
21. SIGNATURE OF FUNERAL SERVICE OCENS	# A			NAME AND ADDRESS OF FA		EIMED /	T HON	TNO
► ( IMM\IADI)/ L (	Vn			ANCIS J. COI				
23. PART I. Enter the diseases, or com	nlications that caus	and the death. Dr		O UNIVERSITY				
ahock, or heart failure. List			o not ante	the mode of dying, add	ii aa caro	iac or reapire	itory arreat	Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acute V	Museau	dial	Infaction Uscalar D	_			Go seconds
	DUE TO (OR A	S A CONSEQUENCE	OF):	4 2				
	AVTIVIOSC	lesotic G	andi	USCular D	creace	1		3 4V5.
Sequentially list conditions, if any, leading to immediate		S A CONSEQUENCE						
CAUSE (Disease or Injury		V						
that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):					
reaulting in death) LAST								
PART II. Other significant conditions c	antilhutlan to deat	h hut met manulale	a la tha c	-dadulas asusa elusa la	Bort I	04- 1000 401 4	UTOBOY	24b. WERE AUTOPSY FINDINGS
Des lastas	100.10	L.C	g in the u	ilderlying cause given in	Vall.	PERFORM	IED?	AVAILABLE PRIOR TO
Diabetos Seizure	Vijecei-	145				1   YES 2	NO	OF DEATH?
Serun	VISULARI							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (CI	heck only on	e)		
	OSPITAL:	Outpatient 3 DO/	4 PNU	R: rsing Home 5 - Residence	8 🗆 Other	r (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJUI		TIME OF	28c. INJURY AT	28d. DEŞ	CRIBE HOW IN	JURY OCCUR	ED
1 Natural 5 Pending	(Month, Day, Yee	")	INJURY M	WORK? 1 YES 2 NO	100			
2 Date	28e. PLACE OF INJ	JRY — At home, fen	m, street, fac	tory, office	281. LOC	ATION (Street or	d Number or	Rural Route Number,
4 Homicide 8 Could not be determined	building, etc. (3	Specify)			City	or Town, State)		
29e. CERTIFIER		0.000.003.00	7.17792	3. 3 30. 193.6				
(Check only				time, date end place, end du				LODGE CONTRACTOR
2 MEDICAL EXAMINER: (	On the beste of examin	ation end/or investig	ation, in my	opinion, death occured at the	e time, date	and place, and	due to the c	ause(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER		29d. DATE S	IGNED (Month, Day, Year)
Jaime Trenzala	n MD			DIGIZU			▶ 3	126/92
				1 7 7 1				

5214 Harford Road, Baltimore, MD

DHMH-16 Rev 1/89

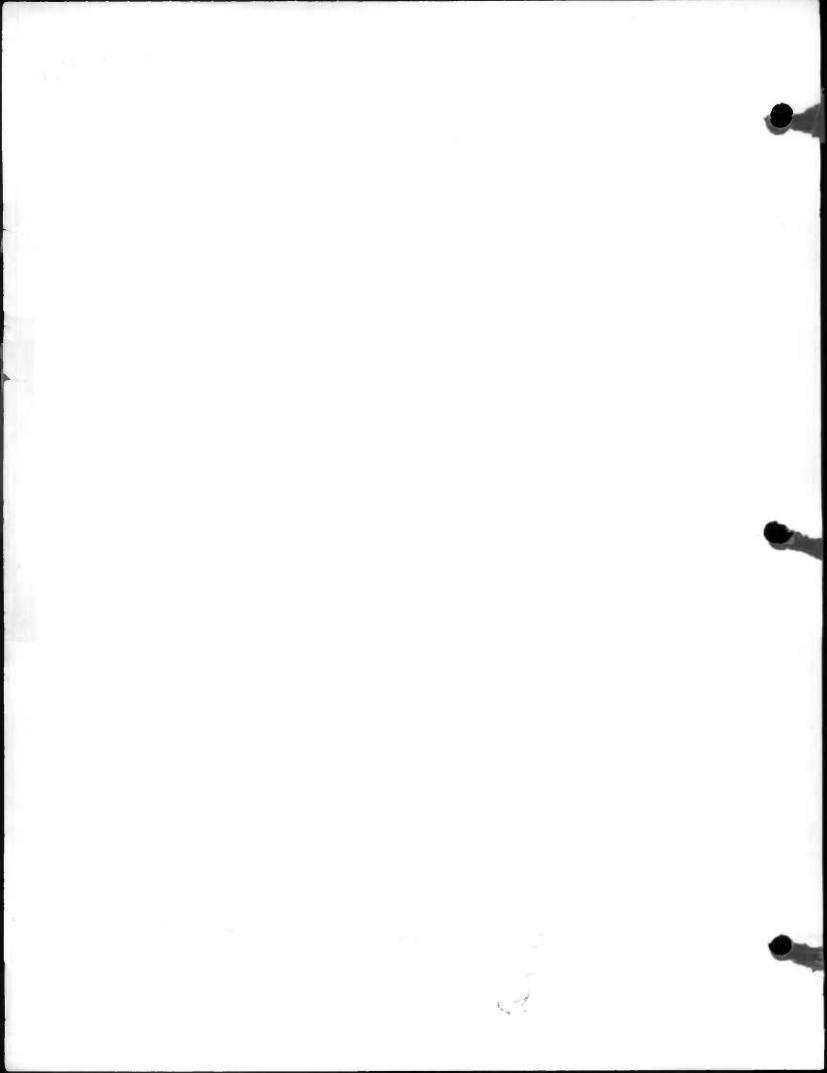
21214

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MAR					EALTH AND I	MENTA	AL HYGIENI REG. NO.	E		
1, DECEOENT'S NAME (First,	Middle, Lest)	O CONI	EPHINE		'CONI			S S	2		2	TIME OF DEATH  315 A M
4. SOCIAL SECURITY NUME 577-40-063	SER 5.	SEX 6. /	AGE (In yrs. les 78	t birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.		CH 26,	1913	WASH	INGTON, DC
the residence in the second little was the second	LAUREL 1	and number) NURSING H	OME			TOWN O	R LOCATION OF OR	ATH		9c. COUNT PRIN		H EORGES
100. STATE MARYLAND	10b. COUNTY	ARUNDEL			, town of		ION				100	d. INSIGE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 1839 CROF		RKWAY, #E					ZIP COOE 21114					T COUNTRY?
11. MARITAL STATUS 1 Widowed 4 Divo	Merried 12	. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER IN U.S. AR	MED IO	11	yes, spe	ENDENT OF HISPAR bolly Cuben, Mexice 2 A NO Specifi	n, Puerto				American Indian, hite, stc. WHITE
15. DEC (Specify onl Elementary/Secondary (C 1 ()	EDENT'S EDUCATI y highest grade com 0-12)	ON apleted) college (1-4 or 5 +)	(Gi	CEDENT'S IN THE NEW YORK IN TH	rork done di e retired.)	CUPATIO	N of working	16	b. KIND OF BUS	INESS/INDU	STRY	
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHER'S NA	ME (First,	Middle, Melden	Surname)		
JAMES		O'CONNE	LL				ELIZAI	BETH		CLA	RK	
190. INFORMANT'S NAME (I		(SISTER					PARKWAY					11/
20av METHOD OF DISPOSIT	ION on 3 - Remova			OF DISPOS			netery, cremetory or		20c. LO	CATION — CI	-	
4 Donation 5 Other 21. SIGNATURE OF FUNERA	* * * * * * * * * * * * * * * * * * * *	SEE CAIN	MT.	OLIV	22. N	RANC	IS J. CO	)LLI	NS FUNE		OME,	
IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentielly list condit if any, leading to imme cause. Enter UNDERLY	s	DUE TO (OR	AS A CONSEC	DUENCE OF	ŋ: 							Interval Between Onset and Death
CAUSE (Disease or Injuthat initiated evants resulting in deeth) LAS		DUE TO (OR	AS A CONSEC	QUENCE OF	7):							
PART II. Other significance of the Collection	Cane		oth but not r	esulting i	n the un	dariying	j cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AM CC OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED T EXAMINER?		0001741					ACE OF OEATH (Ch	eck only	one)			
1 YES 2 WO		OSPITAL:	/Outpatient 3	□ DOA	OTHER 4. Nurs		e 8 🗆 Residence	8 🗆 011	her (Specify)			
	Pending Investigation	28e. DATE OF INJI (Month, Day, Y		28b. TIMI INJ	E OF URY M		URY AT RK? 'ES 2 NO	28d. O	EŞCRIBE HOW II	NJURY OCCU	IRED	
2 Accident 3 Suicide 8 Homicide	Could not be determined	28e. PLACE OF IN building, atc.	JURY — At he (Specify)	ome, farm, a	treet, facto	ory, office			CATION (Street of the street)		r Rural Rout	e Number,
0001		N: To the best of my										nd menner as stated,
296. SIGNATURE AND TITLE	- Kenu	lut		0			29c, LICENSE NU D36	7/1	6	•		onth, Day, Year)
30. NAME AND ADDRESS OF ANDREW  31. DATE FILED (Month, Day, MAR 30 1)	FERSON WHO C	OMPLETED CAUSE O	TO C	M 27) (Type, It CR	Print)	4	lor E	6	44486	MO	207	07
MAR 30 .	92	32. REGISTRAR'S	SIGNATURE	delle	,							



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

192-34-0764

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

3 Widowed 4 Divorced

**IMMEDIATE CAUSE (Final** 

CAUSE (Disease or Injury

that initiated events resulting in death) LAST

reaulting in death)

disease or condition

FUNERAL

BY

COMPLETED

BE 2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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RECORDS,	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the human-tensorie narrain
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH March 25, 1992 YEAR Raymond Brondell Oberholzer 5:12 6. AGE (In yrs. last birthdev) 7. DATE OF BIRTH (Month, Day, Year) Aug. 19, IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 47 1944 Pennsylvania Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2315 Washington Avenue Chevy Chase Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Chevy Chase 1 YES 2 X NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2315 Washington Avenue United States 20815 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 (X) Never Married 2 Married IF YES, GIVE WAR OR DATES White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY

			THE DIT WORK DUTTE GUTTING II		
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do	r Stylist	В	eauty Salon
Raymond Oberho				E (First, Mid	Idle, Meiden Sumeme)
Mark A. Eddy					City or Town, State, Zip Code) nevy Chase, MD 20815
e. METHOD OF DISPOSITION  ☐ Burlal 2 Cremation 3 ☐ F  ☐ Donation S ☐ Other (Specify)	Removal from State		pate of oisposition (Pry or other place)	OATE	20c. LOCATION — City or Town, State Silver Spring, Maryland
SIGNATURE OF FUNERAL SERVICE	X/. Ra	pp	Rapp	ervi	ces, P. A. ilver Spring. MD 20910

23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Cardiapulment ary arrest DUE TO (OR AS A CONSEQUENCE OF): SAICOMA Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING

AcquireA Syran re OUE TO (OR AS A CONSEQUENCE OF):

COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 X Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural

5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

29e. CERTIFIER (Check only one)

A Service of the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ea stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

0-26312 March 26, 1992 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Pamela Jo Harris, M. D., 1810 Calvert Street, NW,

Washington, DC 20009 31. DATE FILEO (Month, Day, Year)
MAR 27 92

HEGIS THAP'S SIGNATURA CONTROL OF THE PROPERTY

PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

Approximate Interval Between

**Onset and Death** 

immetien

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

24a. WAS AN AUTOPSY PERFORMEO?

1 TYES 2 NO

223

0

NUNIC-

31. DATE FILED (Month, Day, Year)
APR - 3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3 1992

111

32 REGISTRAR'S SIGNATURES Julia Daydon-Mandale

92 10229 per MEO G-686 4/21/92 reh Items: 23 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH МОНТН 30 9547 OWENS AM DONAL D Michael 5:04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State of Foreign Feb. 23, 1991 Maryland 1 3 M 2 | F 219 31 3964 YRS. 9a. FACILITY NAME (If not Institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CALVERT COUNTY DIRECTOR CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK RESIDENCE OF DECEDENT Maryland 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Calvert Dunkirk 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3520 Jones Road 20754 USA use as the burial-transit 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES YES 2 X NO BY 3 Widowed 4 Divorced white ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET funeral director, page 5 should be detached for ndary (0-12) College (1-4 or 5+) n/a n/a n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ BE Michael Lee Owens Susan Lee Vervaeke notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Owens same as 9 20e. METHOD OF DISPOSITION

1 MGBurlat 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 1 DATE 4/2/92 4 Donation 5 Other (Specify). Southern Me. Gardens Dunkirk Cal Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral William 20736 P.O. Box 45 Owings Maryland filled in by the medicai 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each lins. 6 Interval Between IMMEDIATE CAUSE (Final Onset and Desth completely filled rial, cremation, o the disease or condition resulting in death) Myocarditis and pneumonitis HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): burial, other traumatic CERTIFICATION attending physician and intal Hygiene prior to buri Sequentially list conditions, DUE TO (OR AS A CONSPOUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST RECORDS, P.O. 6 signed by the atter Health and Mental amy Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAIL ARLE PRIOR TO COMPLETION OF CAUSE TES 2 NO shows a YES 2 NO peeu PHYSICIAN: Dept. OF VITAL certificate has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem State HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1X YES 2 NO ng Home 5 - Rasidence 8 - Other (Specify) 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, NJUR 1 Natural DIRECTOR: After the control of the c 1 YES 2 NO NOISIAIC BY Accident 26s. PLACE OF INJURY — Al home, larm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and menner as stated. FUNERAL I MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 285- STONATURE AND DIFFE OF CENTRE 29t. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 뫒 BE THE

O.C.M.E.

PENN STREET, BALTIMORE, MARYLAND 21201

▶ 03/31/92

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	0.				
1. OECEDENT'S NAME (First, Middle, Last)						DAY YEAR				
Bernh		tmann  AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	March 22		6:45 P.M			
098-07-7364	1 ⊠ M 2 □ F	90 YRS.	MONTHS DAYS	HOURS MIN.	April 7	1901 Ge	rmany			
Pleasant Living		ome		water	EATH	Anne A				
10e. STATE 10b. COUN	Arundel		Y, TOWN OR LOCA Annapoli				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10a. STREET AND NUMBER  3 Dewey Drive			-	21401			zen of what country?			
11. MARITAL BTATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF	YES 2 NO	If yes, sp	ENGENT OF HISPA	NIC ORIGIN? (Specify Wan, Puerto Rican, etc.) y: NO	ea or No — 14. RA Bi	CE — American Indian, ack, White, etc.			
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 8 8	Completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupation work done during me retired.)  S Clerk	et of working		usiness/industry				
Johann Heinrich	Louis Ortm	ann		Sophie	Elise W:	iedau				
19a. INFORMANT'S NAME (Type/Print) Alvin C. Schweiz	er				Route Number, City or Town, State, Zip Code) rofton Maryland 21114					
20a. METHOD OF DISPOSITION  (○○□ Surfel 2 □ Cremation 3 □ Rei  4 □ Donation 5 □ Other (Specify)		20b. PLACE OF DISPO other place)	SITION (Name of ce	OCATION City or Town, State						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Proof:  Brooklyn New Yor  22. NAME AND ADDRESS OF FACILITY  Beall—Evans Funeral Home, P.A.  16000 Annapolis Rd. Bowie Maryland 20										
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	R AS A CONSEQUENCE O	MF):	c de						
PART II. Other significant condition	one contributing to d	eath but not resulting	in the underlyin	g ceuse given in	Part I. 24s. WAS A PERFE	офиерт	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)	. /	1 TES AND NO			
1 YES 2 NO		FR/Outpatient 3 DOA	-	na 5 🗆 Residence	5 Other (Specify)	V IN HUMY OCCUMEN				
1 Natural 5 Pending Investigation	(Month, Day,	Year) IN	JURY W	YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
3 Sulcide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
TOTAL DINY	NER: On the basic of exa	y knowledge, death occur mination end/or investigate			time, date and place,		efs) and manner as stated.			
30. NAME AND ADDRESS OF PERSON W	VIO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	RKO4W	1 1/16	153	1 3	23/92			
31. DATE FILED (Month, Day, Mar) MAR 2 6 199	2 32. REGISTRAN	O SIGNATURE Panda	es.	, 1000	,11401					

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is neglected within 72 hours after death with the State Degt. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)				0716		DEATH		REG. N				
-	0							E OF DEATH			3. TIME	OF DEATH
JAMES R.	POP J	ames Ro.	land	Poe.	Sr		MOR	3-	DAY -	de 3	12	pa
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1		IF UNDER 24 HRS.	7. DAT	E OF BIRTH	<u> </u>	0. BIRT	HPLACE (S	tate or Foreign
220-16-4478	1.0 M 2 D F	65	YRS.	MONTHS	DAYS	HOURS MIN.		nth, Day, Year)	1926	Coun	m) arvla	
Se. FACILITY NAME (If not institution, give	street and number)	- 1		9b. CITY,	TOWN (	OR LOCATION OF		m		UNTY OF		arica
RESIDENCE OF DECEDENT	tospil	al		181	ag	ROLLOW	M	1º1d	15	7. [1]	NR	4.2
Maryland St.	Mary's			ey Po							LIMI	IDE CITY ITS? S 2 X NO
St. George's Isla	and				101	20674			10g. CI	U.S	what cou .A.	INTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED			ENDENT OF HISPA				14. RAC	E - Ameri	Ican Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 TA	Ю			2 NO Spec		o Rican, etc.)		Spec		rtc.
15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(Gi	CEDENT'S I	rork done di		ON ist of working	1	86. KIND OF	BUSINESS/II	NOUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +	H4n	Do NOT use	e retired.)								
8th Grade			Pain	ter				Sch				
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N			,			
Albert Frankl	in Poe	, Sr.				Eva		stell		nott		
19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a	nd Number or Rura	l Route Nu	mber, City or 1	lown, State, 2	Zip Code)		
Suzanne C. Poe			St. G	eorge	e's	Island,	Pir	ey Po	int,	Md.	20674	
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	noval from State	20b. PLACE A cemetery, cres	matory or oth	her place)			1		LOCATION -		CALL LINE	MD
4 Donation 6 Other (Specify)		St. Fr	canci	s Xay	vie	c Cem.	3/30	/92	St. G	eora	e's I	sland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	9		22. N	IAME AN	of Address of F	ACILITY			7/		
Muchael &	Darde	iner		9		30x 270,						
disease or condition resulting in death)				1 / 0	-	111					On	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Se Due to	OR AS A CONSECUTION OF AS	UENCE OF	Con	np	liestion Dy	No	1 1 3	Tice	ni		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO  d	OR AS A CONSED	DUENCE OF	Con	ter	y By	po	24a. WAS	AN AUTOPSY ORMED?	y	D. WERE AUTOMALABLE OF DEATH	TOPSY FINDING E PRIOR TO HON OF CAUSE 17 3 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO	OR AS A CONSED	DUENCE OF	the ynd	deriying	y By	n Part I.	24a. WAS PERF	AN AUTOPSY ORMED?	y	D. WERE AUTOMALABLE OF DEATH	E PRIOR TO TON OF CAUSE 17
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	b. DUE TO c. DUE TO d	OR AS A CONSECUTION OF THE CONSE	DUENCE OF	other:	deriying	g cause given in	n Part I.	24a. WAS PERF	AN AUTOPSY ORMED?	y	D. WERE AUTOMALABLE OF DEATH	E PRIOR TO TON OF CAUSE 17
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. DUE TO  c. DUE TO  d	OR AS A CONSED	DUENCE OF	OTHER:	26. PL: ing Hom WO	Cause given in	n Part I.	24a. WAS PERF	AN AUTOPSIONMED?	241	D. WERE AUTOMALABLE OF DEATH	E PRIOR TO TON OF CAUSE 17
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1  YES 2  100  27. MANNER OF DEATH	b. DUE TO  c. DUE TO  d	OR AS A CONSED	DOA 28b. TIME	OTHER: 4   Nursi	26. PL: ing Hom 28c. INJ WO	Cause given in Ace of Death Ace	n Part I.  P	24a. WAS PERF 1 VES	AN AUTOPS ORMED? 2 July VINJURY O	24I	D. WERE AUTOMARILABLIC COMPLETE OF DEATH 1 YES	E PRIOR TO TION OF CAUSE 17 3 2 M NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Coula not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	b. DUE TO  c. DUE TO  d	(OR AS A CONSECTION OF THE CON	DOA 28b. TIME in June farm, at at a course five at legation	OTHER:  OTHER: 4   Nursil OF   2  Rev M   Ireet, factor	26. PL :: ing Hom 1	ACE DF DEATH (Ce 5 N Aesidence URY AT RK?	n Part I.  Peck only  e Ott  28d. D  2et. LC Cit	24a. WAS PERF 1 YES  one)  or (Specify)  ESCRIBE HON  CATION (Streety or Town, State)  ause(s) and in	AN AUTOPS ORMED? 2 NO INJURY Or et and Numb ta)	CCURED er or Rural sted,	D. WERE AUT MAILABLE COMPLET OF DEATH 1 YES	E PRIOR TO TION OF CAUSE 17 B 2 NO Doc,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only One)  2 MEDICAL EXAMINER	b. DUE TO  c. DUE TO  d	(OR AS A CONSECTION OF THE CON	DOA  28b. TIME INJU  me, farm, st  ath occurrent five etigetion	OTHER:  OTHER:  OTHER:  I hursin  Office the time the time to the	26. PLE :: ing Hom 26c. INJ WO 1	ACE DF DEATH (Co. 5 The Address of t	n Part I.  Peck only  e Ott  28d. D  2et. LC Cit	24a. WAS PERF 1 YES  one)  or (Specify)  ESCRIBE HON  CATION (Streety or Town, State)  ause(s) and in	AN AUTOPS ORMED? 2 NO INJURY Or et and Numb ta)	CCURED er or Rural sted,	D. WERE AUT MAILABIL COMPLET OF DEATH 1 YES	E PRIOR TO TION OF CAUSE 17 B 2 NO Doc,

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAI CERTIF	RTMENT	OF I	IEALTH DEA	I AND	MENT		GIEN G. NO.	E		. 0000
1. DECEDENT'S NAME (First	, Middle, Last)									E OF DEA	ATH			3. TIME OF DEATH
	Camil	lle	Pri	ivitera					Mar	2	28		992	12 200
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER 1	YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRT	rH			IPLACE (State or Foreign
577-22-7815		1 🗆 M 2 💢 F	6	69 YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	nth, Day, Y	bar)	1922	Counti	7/)
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	rown (	OR LOCAT	ION OF D		ily C	,	_	NTY OF D	shington, D
13835 Cast1	e Blvd	1 #12			Silv	TOY	Spr	ina						
RESIDENCE OF DEC	EDENT				1 011	/er	OPI	TIIR		_		Mon	tgon	nery
10a. STATE	10b. COUNTY			10c. CIT	TY, TOWN OF	LOCAT	ION							10d. INSIDE CITY
Maryland		ntgomery		S	ilver	Spi	ing							LIMITS?
10e. STREET AND NUMBER						101	ZIP COL	DE				10g. CITI	ZEN OF V	VHAT COUNTRY?
13835 Cas	tle B1	.vd., #12					209	04					USA	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED	13. W	AS DEC	ENDENT	OF HISPA	NIC ORIG	IN? (Speci	Ify Yes		14. RACE	- American Indian,
1 Never Married 2		FORCES? 1 IF YES, GIVE V	YES WAR OR DAT	2 X NO	11	yes, sp	ecify Cub	an, Maxica Specia	an, Puarto	Rican, et	(c.)		Black	t, White, atc.
3 Widowed 4 X Divo	rced						71	Ороси	η.				Spep	hite
15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed	1	16a. DECEDENT'S	Work done du	UPATIO	N		10	b. KIND C	OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	ille. Do NOT u	se retired.)	ning mo	St OF WORK	ing						
1-12				Hairdr	esser						Se	lf e	mp1o	ved
17. FATHER'S NAME (First, M	Voidle, Last)						18. MOT	NER'S NA	AME (First,	Middle, M	_		мрто	yeu
Josep	h Priv	itera					111	C	athe	rina	E	rnar	4	
19s. INFORMANT'S NAME (7				19b. MAILING	ADDRESS (	Street a	nd Numbe	r or Rumi	Route Nu	aber City	or Town	State 7in	Code	
Frances De	Largo				-86 Ch									0
20a. METNOD OF DISPOSITI	ION		20b P	LACEANDDATE				me,				ATION —	2070	
1X Burial 2 Crematio	(Specify)	ovel from State	comet	ery, crematory or o e of He	dhes sless!				1					
23. PART I. Enter the di shock, or he	sessea, or c	omplications the	t coused t	the deeth. Do a	118	300	N.H	. Av	e.,	eral Silv	er	Spri	ng,	Md. 20904  Approximate Interval Batween
immediate cause (Find disesse or condition resulting in death)	ol → ,		NCE			GIN	K		54	eey				Onset and Death
		008 10	(OR AS A C	ONSEQUENCE O		_								
Sequentielly list conditi if any, landing to immediate. Enter UNDERLY!	diate	DUE TO	(OR AS A C	ONSEQUENCE OF	•			C 61-		,,,,				1+2
CAUSE (Disease or Injur		DUE TO	IOD AS A C	ONSEQUENCE OF	JWEN!	Λ.	-	01-	し、	,,,,				
that initiated events resulting in desth) LAS'	г	DUE 10	(OR AS A C	OMSEGUENCE DI	F):									
	- 4	l												
PART II. Other significa	nt conditions	contributing to	death but	not resulting	In the unde	eriying	csuse	given in	Part I.		RFOR	WED !	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
														1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATN (Ch	eck only n	(26)				
EXAMINER?		HOSPITAL: 1   Inpatient 2	FB/Outpetl	and 3 [] 004	OTHER:									
27. MANNER OF DEATH		28a. DATE OF		28b. TIM	4 Nursin	g Nome		sidence				H		
	Pending	(Month, De		INJ	URY	WOI	RK?	100	26d. DE	SCHIBE H	IOW IN	JURY OCC	URED	
	nvestigation	28 - PH ACE OF	C and the arms	***		1 U Y	ES 2	NO						
	Could not be Istermined	building,	etc. (Specify)	At home, farm, s	street, factory	, offica			28f. LOI City	CATION (Si or Town, S	troot ar State)	d Number	or Rural R	oute Number,
29a. CERTIFIER (Check only one) 1 CERTI	FYING PNYSIC	CIAN: To the best of t: On the basis of an	my knowled	ige, death occurre	ed at the time	, data	and place	, and due	to the ca	use(s) and	d manr	dua lo the	d.	and menner as stated.
29b. SIGNATURE AND TITLE		0							1					
Stay	a Si	MB					DI	736	28			DATE	. 1	(Month, Day, Year)

2101 Medical Park Dr.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

in Savidna

Stanley Schwartz, MD

31, DATE FILED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

Silver Spring, Md.

2220, 20

(ه	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ORDS, F	.O. BO)	( 13146,	•	BALTIMO	RE, MA	RYLAND	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 attended the next Page 6 may be retained by the hospital or attending phy	as that the dea	th certificate b	executed within	SINC	offer death. Page 6	may be retail	ed by the hospi	ital or attending phy
TO THE FUNERAL be filed within 72	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	afth and Ments	tending physicial Il Hygiene prior	in and completely to burial, cremar	filled in b	f the funeral direct toval.	or, page 5 sh	uld be detached	for use as the bu
IMPORTANT: If	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	s any injury,	or other tra	umatic event,	the medi	cai examiner m	ust be notif	ed at once.	

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle	Last) EVDOKIA PA	NAGOS		2. DATE OF DEATH		3. TIME OF DEATH
EU.DOKIA.	PANAGOS			MONTH DAY 26	92	10:15 TM
4. SOCIAL SECURITY NUMBER	and I	(In yrs. last birthday) IF U	NOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTN (Months Day, Year)	8. BIRTN Country	PLACE (State or Foreign
3 79-16-248	give street and number)	YAS.	CITY, TOWN OR LOCATION OF D	2/21/95	G. COUNTY OF DI	rece
MANUR CARES	iken Spring	3	ilver Spr	ing Md2	901	45A.
10e. STATE 10b. (	OUNTY	10c. CITY, TO	WN OR LOCATION	/		10d. INSIDE CITY LIMITS?
MD N	lontgomery	Pot	omac	-		1 YES 2 NO
10e. STREET AND NUMBER	A Ward or		101/ ZIP COOE		10g. CITIZEN OF W	HAT COUNTRY?
9000 Bells N	رابياللبان أرادات مستندان فأبادان وهناسك	44.7	20854		451	7.
11. MARITAL STATUS  1 Never Married 2 Marrie  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF NISPA If yea, specify Cuban, Maxic 1 YES 2 NO Specif	en, Puerto Rican, etc.)	Black	- American Indian, White, atc.
15. DECEDENT		16a. DECEDENT'S USUA	AL OCCUPATION	16b. KIND OF BUSIN		-
(Specify only higher Elementary/Secondary (0-12)	College (1-4 or 6+)	(Give kind of work of life. Do NOT use retir	lone during most of working ed.)			
6		Housewife		Own Hor	me	
17. FATHER'S NAME (First, Middle, L	ier)			AME (First, Middle, Maiden Su	rname)	
Unavailable	Charles J. J.			a Lalundas	V pdA	
19a. INFORMANT'S NAME (Type/Prin			RESS (Street and Number or Rural		State, Zip Code)	
John Panagos			ls Mill Rd.,		20854	
20a, METNOD OF DISPOSITION 1 Duriel 2 Cremetion 3	Ramoval from Stata	other place)	N (Name of cemetery, crematory or		TION City or To	
4 Donation 5 Other (Specification 21, SIGNATURE OF FUNERAL SERV		Cedar Hill	22. NAME AND ADDRESS OF F		tland, M	D
	0001	) I	Joseph Gawle	r's Sons, I	nc.	
much	Melhu	ton	5130 Wiscons			
	s, or complications that cause flure. List only one cause on a		nter the mode of dying, au	ch aa cerdiac or respira	tory arrest,	Approximate interval Between
IMMEDIATE CAUSE (Finel	ALTER	marana	7-0	^=		Onset and Death
disease or condition resulting in deeth)	(E)	KATURY	MILU	IL		
	DUE TO (OR AS	A CONSEQUENCE OF	ND. AV	LASIA		
Sequentially list conditions,	DIE TO (OR AS	A CONSEQUENCE OF):	1000 117	41217		-
If any, leading to immediate cause. Enter UNDERLYING	30E 10 (011 A3	A CONSCOULACE OF J.				j
CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):				
reaulting in deeth) LAST	4					
DAGT II. Other cleafficant on	dialogo contribution to death	5			I	
PART II. Other algrimeent co	nditions contributing to death	but not reaulting in th	e underlying ceuse given ir	Pert I. 24a. WAS AN A		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
<u> </u>				1 🗆 YES 2	-Ho	OF DEATH?
						1 TYES 2 NO
25. WAS CASE REFERRED TO MED	CAL		26. PLACE OF OEATH (C	thook only one)		
EXAMINER?	HOSPITAL:		HER:			
27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME OF	Normaling Normal 5 - Residence	28d. DESCRIBE NOW IN.	URY OCCURED	
1 Natural 5 Pendir	g (Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO			
2 Accident Investi	26e. PLACE OF INJUR	IY — At home, farm, street	, factory, office	261. LOCATION (Street are	d Number or Rural I	loute Number,
4 Homicide determ		ecify)		City or Town, State)		
29a. CERTIFIER 1 CERTIFYING	PNYSICIAN: To the beat of my know	wiedne death occurred at	the time data and place, and du	us to the cause(s) and meno	er en stated	
anal anal	XAMINER: On the basis of examination					) and manner as stated.
- //	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		29c. LICENSE NU		29d. DATE SIGNED	
290. SIGNATURE AND TUTLE OF CO	HTIFIER!			r respective to	and unit of the	
29s. SIGNATURE AND TITLE OF CE	NUD		10249	47	D02/	7//00
Manu	ON WHO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, Print	D249	42		26/92 1 aumolh
Manu	ON WHO COMPLETED CAUSE OF D	TON M	D249	Chorry Chorry	p\$3/	7//00

1 - FOR STATE REGISTRAR		STATE OF M	IARYLAN	ID / DEPAR	TMENT OF	HEALTH OF DEAT	AND ME	ENTAL HYGIEN	E			
1. DECEDENT'S NAME (First	Parks 2.							DATE OF DEATH	3. TIME OF DEATH			
4. SOCIAL SECURITY NUME	nen.						N	March 26,		2 YEAR	5:22	Рм
579-16-2682		5. SEX		rs. lest birthday)	MONTHS DAY		MIN	(Month, Day, Year)		Count		
9a. FACILITY NAME (If not in			9:	2 YRS.	110-10-20		J		1899	Nor	th Caro	lina
216 Crabb A		treet and number)				OR LOCATIO		Н		NTY OF D		
RESIDENCE OF DEC					, AC	CKVIII	E		MOII	tgom	ery	
10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CIT	TY
Maryland	Mont	gomery		I	Rockvil	le					LIMITS?	
10e. STREET AND NUMBER						10f. ZIP CODE			10a, CIT	ZEN OF Y	WHAT COUNTRY?	
216 Crabb A	venue					20	850				d State	
11. MARITAL STATUS		12. WAS DECEDENT			13. WAS			ORIGIN? (Specify Yea	or No-	14. BACI	E — American Inc	tlen
1 Never Married 2 1 3 Nover Married 2 1 Divo		FORCES? 1 IF YES, GIVE W			If yes	specify Cuban	, Maxican, F Specify:	varto Rican, atc.)		Blac	k, White, atc.	21001
							apoury.			apec	"White	
15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	16	e. DECEDENT'S		ATION most of working		16b. KIND OF BUS	INESS/INC	USTRY		
Elementary/Secondary (0	-12)	College (1-4 or 5 +		life. Do NOT us	retired.)							
12				Home	maker			Own	n Hom	ie		
17. FATHER'S NAME (First, M.						16. MOTH	ER'S NAME	(First, Middle, Maiden	Sumame)			
Not Ava								Availab				
194. INFORMANT'S NAME (7)								e Number, City or Town				
Frank Park				216 C	rabb A	venue,	Rock	ville, Ma	ryla	nd	20850	
20a METHOD OF DISPOSITI 1 Burlai 2 Crematio 4 Donation 5 Other	n 3 🗆 Remo	oval from Stata	20b. PL	ACE AND DATE OF OR OTHER OF OR	of Disposition	ethodi Church	st 3/	30/92 20c. LOG	toma	City or To	wn, State aryland	
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE								,	4	eral
-		brush		100198	Aven	ue, Ro	CKV11	Robert Inc. 30 le, Mary	Land	208	50-2805	ry
23. PART I. Enter the di	Masea, or c	omplications that List only one caus	caused the	e death. Do n	ot enter the	mode of dyin	g, auch a	s cardiac or reapi	atory arr	est,	Approxin	
IMMEDIATE CAUSE (Fin		and only one odds	o on each	ning.							Onset an	
disease or condition resulting in death)	<b>+</b>	Y−Λ	Disoc	iation							1 day	
		DUE TO (	OR AS A CO	NSEQUENCE OF	7:						1	
Sequentially list condition		Arte	riosc	leroti	c Hear	Disea	ase,	Cardiomyo	path	V	30 ye	ars
If any, leading to immed	fiate	DUE TO (	OR AS A CO	NSEQUENCE OF	):					*		
cause. Enter UNDERLY!! CAUSE (Disease or inju			rtens								40 yea	ars
that initiated eventa resulting in death) LAST		DUE TO (	OR AS A COI	NSEQUENCE OF	):							
in death, and		l										
PART II. Other significan	nt conditions	s contributing to d	leath but n	ot resulting i	n the underly	ing cause of	ven in Per	t I. 24a. WAS AN /	HITOBOY	Lan	WERE AUTOPSY F	
						mg occos gr		PERFORI		240.	AVAILABLE PRIOR	TO
								. 1 🗆 YES 2	K) NO		OF DEATH?	CAUSE
								.			1 YES 2	NO
25. WAS CASE REFERRED TO	MEDICAL				-							
EXAMINER?		HOSPITAL:			OTHER:	PLACE OF DEA						
27. MANNER OF DEATH		1 Inpatient 2 I		1 3 DOA 28b. TIME				Other (Specify)				
W	Pending	(Month, Day		INJU	JRY	NJURY AT WORK?		d. OESCRIBE HOW IN	JURY OCC	URED		
recident	nvestigation	28a PLACE OF	IN HIDY A	t bank trong		YES 2						
	Could not be letermined	building, e	c. (Specify)	it home, farm, si	treet, factory, of	Tice	281	LOCATION (Street ar City or Town, State)	nd Number	or Rural R	oute Number,	
29a. CERTIFIER		w/1.50.000		115								
(Check only	FYING PHYSIC	IAN: To the best of n	y knowledge	, death occurre	d at the time, d	ata and place, a	ind due to ti	he cause(s) and men	er an atate	ed.		
2   MEOK	AL EXAMINER	: Un the pasts of exa	minetion and	1/or Investigation	n, in my opinion	, death occured	f at the time	, data and place, and	due to the	cause(s)	and manner as s	stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	Man					SE NUMBER	1	29d. DATE	SIGNED	(Month, Day, Year)	
		1 / IMIN				161	45		► Ma	arch	27, 199	92
30. NAME AND AODRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH	(ІТЕМ 27) (Туре,	Print)					-		
Gregorio Ko	ss, M.	D. 15\225	Shad	y Grove	Road	#201,	Rockv	ille, Ma:	rylar	nd 20	0850	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
WAR 30 '92

32. PEGISTRAPIS SIGNATURE PURCHERS

Same of Same

ta	11	273
BALTIMORE, MARYLAND 21203-3146	NN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3, small State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	SINOULS !	illed in bin, or ren
13146,	executed within 2-	and completely fi o burial, cremation
BOX	ficate be	physician ne prior 1
P.O.	ath certi	tal Hygie
/ITAL RECORDS, P.O. BOX 13146,	w requires that the de	ficate has been signed by the attending physician and completely filled in by the fu State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
/ITAL	IN: The la	ficate has State Der

	1. DECEDENT'S NAME (First, Middle, Last	2		ICATE U	PUEAIR	2. DATE OF DEATH		3. TIME OF OEATI		
	Eula	M. Pit.	tman			3- 2	- 93	225/		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. lest birthday) YRS.	MONTHS DAY		7. OATE OF BIRTH (Month, Day, Ybar)		BIRTHPLACE (State or For Country)		
	114-22-4395		3-29-1932	N	Worth Carol:					
_	9a. FACILITY NAME (If not institution, give	atreet and number)	9b. CITY, TOW	N OR LOCATION OF O	9c. COUNT	Y OF OEATH				
СТОВ	MALCOLM GROVE M	EDICAL CENT	CAMP	SPRING,	P.G.					
EC	10a. STATE 10b. COUN	TY	10c. CI	CITY, TOWN OR LOCATION 10d. INSIG						
DIRE	MD. P.	G.	C	AMP SPR	ING			1 XXES 2 1		
	10e. STREET AND NUMBER			T	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
E	1172 B Hall Cou	rt			20335		U.S	S.A.		
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO	If yes,		NIC ORIGIN? (Specify an, Puerto Rican, etc.) #y:		A. RACE — American India Black, White, etc. Specify: Black		
ETED	15. DECEDENT'S EC (Specify only highest gra-		16a. OECEDENT	B USUAL OCCUPA work done during	TION	16b. KIND OF	BUSINESS/INDUS			
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT	use retired.)	most or working					
MP		2 Years	Comp	uter Op	erator	G	ovt.			
COMPL	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meld	ien Sumame)			
BE	JACOB PITTMA	N			KATT					
0	190. INFORMANT'S NAME (Type/Print)					ndrew Air				
	Leonard D. Gill									
	METHOD OF DISPOSITION	moval from State	206. PLACE OF OISPO other place) PLEASANT 1	DITTT DA	cemetery, cremetory or D中すぐ中 CTM	ETEDV E		NORTH CAR		
	4 Dgmillion 5 DOther (Specify) 21. Mignature of Juneral Bervice		LEASANI		AND ADDRESS OF F		MITELD,	NORTH CAR		
	1 /2 /4	11		JOH	NSON & JE	ENKINS FUN	ERAL HO	OME INC.		
	23. PARY . Enter the diseases, o	May		716	Kennedy	St. N.W.	Washing	eton. D.C.		
Mental Hygene prior to burial, cremation, ijury, or other traumatic event, the CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	AS A CONSEDUENCE (							
ERT	resulting in death) LAST	d								
	PART II. Other aignificant condition	one contributing to deat	th but not resulting	in the underly	ring cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY F		
: MEDICAL							FORMED?	MARABLE PRIOR COMPLETION OF OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF OEATH (C	Check only one)				
SIC	EXAMINER?	HOSPITAL: 1 ☑ Inpatient 2 □ ER/0	Outpatient 3 DOA	OTHER:	lome 5 □ Residence	6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation	25a. DATE OF INJURY 25b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?								
ETED E	3 Suicide s Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLE	29a. CERTIFIER (Check only one)  1 CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIF	( Andrije	your	)	DOLICENSE NO	UMBER 30	29d. DATE ▶ 3	BIGNED (Month, Day, War,		
5	30 NAME AND ADDRESS OF PERSONA	NA COMPLETED CAUSE OF	DUATH (ITEM 27) (Typ.	oe, Print)		1	10 1	1		
	Awalds TO P.R	odrible	2111050	79/201	bum M	LCom	1.111	20 748		
	31. DATE FILEO (Month, Day, Year) MAR 2 6 1	32. REGISTRAR'S E	BIGNATURE Davidson-Ran	19/Key	pum C	1-Cp3p	. In	20 748		

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	The second of the second secon
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	1		FOR STATE REGISTR	AF
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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			_	0.000	0	V

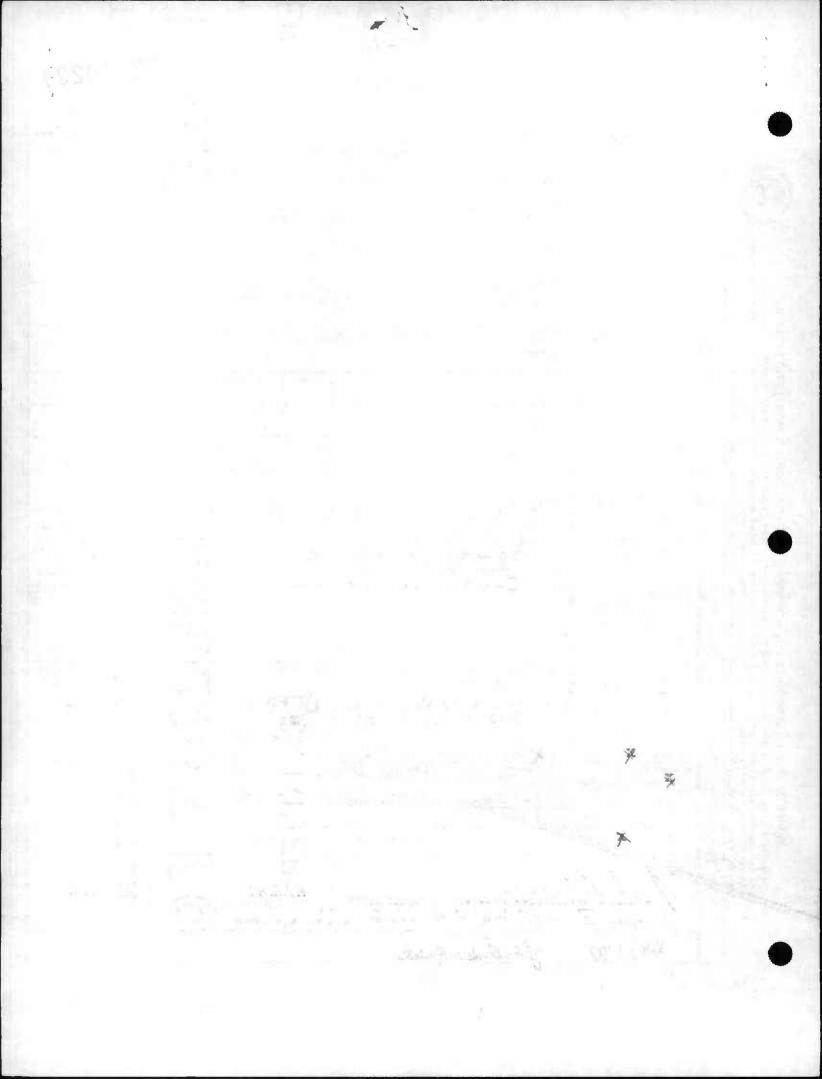
4 - SOCIAL SECURITY MANAGERY S SEC. S ALC (Grys is the through of the security of the se		1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
BOUND THE PROPERTY OF THE PROP		Olive G. Pilkert					1				March 19, 1992			YEAR	1:05 P.	м
BOOD THE STREET HAME (First Abundance by street and annihold and annihold a		(11) / 12 / 13 / 13 / 13 / 13 / 13 / 13 / 13									7. DATE	OF BIRTH		a. BIRTI	IPLACE (State or Foreign	
TABLETY NAME (For inhibitor, per stored and named)  3861 St. Barnabas Road  96. COUNTY OF DECENDED  106. DECENDED  107. TOWN On LOCATION  Maryland  Prince George's  106. NORTH OF MARY OF DECENDED  106. DECENDED  107.		578-36-566	7	1 🗆 M 2 📆 🗗	79	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	20,	1912	Mar	yland	
DAY STREET AND NUMBERS  DAY ST		9a. FACILITY NAME (If not in	stitution, give s	treet and number)		-	9b. CITY									$\dashv$
DAY STREET AND NUMBERS  DAY ST	OR	3861 St.	Barnab	as Road			M	Marlow Heights Prince George'							eorge's	- }
DAY STREET AND NUMBERS  DAY ST	5	RESIDENCE OF DECEDENT														
DAY STREET AND NUMBERS  DAY ST	E	Manual and During Commit														
Specific to the special properties and the speci			Princ	e George	S											
Specific to the special properties and the speci	A		1	D - 1				10								-1
Specific to the special properties and the speci	N N		arnaba													
Secretary   Secr		1 Never Married 2 Married FORCES? 1 YES 2 X NO						If yes, sp	ecify Cuba	ın, Mexica	en, Puerto R	? (Specify Vicen, atc.)	ea or No-	14. RACI	E — American Indian, k, White, etc.	
The precipital season of the property of the	8	3 🔀 Widowed 4 🗌 Divo	rced	IF YES, GIVE Y	MAR OR DATES			1 TYES	2 A NO	Specif	fy:			Spec	White	
Tennish   Tenn	8	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CCUPATION	ON		16b.	KIND OF BI	USINESS/IN			$\dashv$
Tennish   Tenn	ᄪ				+)	(Give kind of a	work done se retired.)	during mo	st of world	ng						
Tennish   Tenn	릴					Cler	k				L	ibrar	y of	Cong	ress	- 1
Tennish   Tenn	Ö	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NA	AME (First, M	liddle, Maide	n Sumame)			
198. MALINO ADDRESS (Street and Numbers on Pauli Roum Number, City or Town, State, Ze Code)   3861 St. Barnabas Rd., Marlow Heights, Md. 20746   3861 St. Barnabas Rd., Marlow Heights, Md. 20746   3861 St. Barnabas Rd., Marlow Heights, Md. 20746   3861 St. Barnabas Rd., Marlow Heights, Md. 20746   3861 St. Barnabas Rd., Marlow Heights, Md. 20746   328. PLACE OF DEATH (Death And DEATH DEATH)   DATE   20c. LOCATION - City or Town, State   Congrey, gramatoring otherspices, Competency, gramatoring otherspices, gramatoring otherspices, gramatoring otherspices, gramatoring otherspices, gramatoring oth		Lewis E. Je	enkins						A	dela	aide	Howe				
Southor of purposition   Southor of purposit																
Name   Part	F	Joyce A. Pi	lkerto	n		3861	St.	Barr	abas	Rd.	.,Mar	low H	leight	s, M	ld.20746	_1
Sequentielly list conditions, frame and the death but not resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):    Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Call Sequentielly list conditions are suiting in the underlying cause given in Part I.   24a. WAS AN AUTOPSY PERFORMED TO COMPLETION OF CAUSE OF DEATH (Check only one)   OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF DEATH (Check only one)   DUE TO (OR ASTANCE OF		20s. METHOD OF DISPOSITE	ON Bern	oval from State	20b. PLA	E AND DATE	OF DISPOS	ITION (Na	me of							$\neg$
George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745  23. PART I. Enter the pheases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or/heart failure. List only one cause on eech line.  IMMEDIATE CAUSE (Final diseases or condition.  IMMEDIATE CAUSE (Final diseases or condition.  If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUE		4 Donation & Other	(Specify)		_ Ce	far Hi	TT	emet	ery	3/	/23/9	2 Su	itlar	nd, M	laryland	-1
23. PART I. Enter the speeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Shock, or heart failure. List only one cause on each line.    IMMEDIATE CAUSE (Final disease or condition resulting in death)		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE /	1								7 U			
23. PART I. Enter the sissesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.    IMMEDIATE CAUSE (Final disease or condition resulting in death)	į	Place	00/	18al	11)										14 20745	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS		23. PART I. Enter the	seases, or c	complications the	it caused the	death. Do r	not enter	the mo	de of dy	Ing. suc	th as card	ac or rea	piratory as	reat.		-
Sequentially list conditions		shock, or he	eart fallure.	List only one cau	se on each I	lne.				,1	/	)	,		Interval Betwee	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS		disease or condition	-		Can	· ma	w4 0	0.0	17	4/	150	MICI	1/0	N	Onset and Dasi	
PART II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1	Í	resulting in death)		DUE TO	(OR AS A COM	BEQUENCE OF	1	. 1	1-1	1) 1	. 1	1	1			$\dashv$
PART II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1	z			b	/1/.	1 as	low	10/	70	17	The	1	VVI			
PART II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1	을 I	If any, leading to immed	diate	DUE TO	(OR AS A CON	SEQUENCE OF	F):	0								
PART II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1	2			c												
PART II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1		that initiated events		DUE TO	(OR AS A CON	SEOUENCE OF	F):									
PART II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1	H H	resulting in deathly EAS		d												_
PERFORMED?  1 YES 2 NO  AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. NUMBY AT WORK?  WORK?  27. MANNER OF DEATH  Netural 5 Pending Investigation  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)		PART II. Other algnitica	nt condition	a contributing to	death but no	t resulting	n the un	derlyln	cause	given in	Part I.	24a. WAS A	N AUTOPSY	24b	WERE AUTOPSY FINDINGS	s
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	2							made 11		0107225			4	1.50	AVAILABLE PRIOR TO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1											-	1 YES	2 NO		OF DEATH?	П
2 Accident Investigation 2 Accident Investigat	- 15														1 VES 2 NO	-1
2 Accident Investigation 2 Accident Investigat	¥	25. WAS CASE REFERRED TO	MEDICAL				-	28 PI	ACE OF D	EATH O'L	not only on					4
2 Accident Investigation 2 Accident Investigat	Sic				FR/Outpetlant	3 □ 004		R:				<u></u>				٦.
2 Accident Investigation 2 Accident Investigat	Ë∥			28a. DATE OF	INJURY	28b. TIM	E OF			sidence			INJURY OC	CURED		$\dashv$
				(Month, D	lay, Year)	INJ	URY M			] NO						
4 Homicide detarmined bulleting, stc. (specify)  29a. CERTIFIER (Check only  29a. CERTIFYINO PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(a) and manner as stated.		3 Suicide 28s. PLACE OF INJURY — At home, ferm, street, factory, office 28s. LOCATION (Street and Number or Bural Brute Number														
29a. CERTIFIER (Check only (Check only 1) CERTIFYINO PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(a) and manner as stated.	Ĕ			buneing,	atc. (Specify)						City o	r Town, State	)			- 1
(Check only	١٣	29a. CERTIFIER 1 X CERT	IFYINO PHYSIC	CIAN: To the best of	my knowledge	death occurr	ed at the t	lme dete	and place	and due	to the new	o(a) and m		dad		$\dashv$
One) 2 MEDICAL EXAMINER: On the beals of summination solution investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and menner as stated.	ž														and menner as stated	4
					1	/		//								4
and the same of th	<b>B</b>	16		- 1/	10011	11 1	11.24	.	me Do	A	115	1	I &			- 1
March 20, 1992  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	<u>و</u>	30. NAME AND ADDRESS DE	V.A.A.		SE OF DEATH #	T/M 27) (3m)	Dripes.		D	U	110	1	M	arch	20, 1992	
or or or or or or or or or or or or or o						211 (1ype,	ring									- 1
$M = M = M = 0.700 C_{-1} + 0.00 L_{-2} + 100 L_{-2} + 0.00 Moverland$		TT3s	o .	MD	0700 0	1	Λ	41-	00	Lone	down	Mar	171000	1		
Thomas Carter, M.D. 8700 Central Ave. #100, Landover, Maryland  31. DATE FILED (Month, Day, Year)  MAR 2 3 1992  Sunia Davidson-Randell		31. DATE FILED (Month. Day. )	Manr)	32. REGISTRA	8700 C	entral	Ave	. #1	00,	Land	dover	, Mar	yland	1	_	4



DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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SICIA	certi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	. 0
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	REGISTRAR		CERTIFIC	AIL OF I	JEAIH	RE	G. NO.			
0.000		Peggy Ann	e Pass	waters		2. DATE OF DE MONTH	DAY	YEAR 992	3. TIME OF DEATH  2.30Am	
300	213-22-0300	M 2X) F	3 YRS. MO		IF UNDER 24 HRS. HOURS MIN.		7-1928	Country	laryland	
TOR	9a. FACILITY NAME (If not institution, give street and Dorchester Gener				bridge	HTA		Dorc	hester	
5	RESIDENCE OF DECEDENT									
FUNERAL DIRECTOR	-	nester	10c. CITY, T		ambrid	ge			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
VERAL	100. STREET AND NUMBER 5225 Maple Dam F			101. 2	2161	3	10g. Ci	USA		
ВУ	11. MARITAL STATUS  1	MNO	If yes, spec	NOENT OF HISPAN ify Cuban, Mexica NO Specify	n, Puerto Rican,	ecify Yea or No— etc.)		- American Indian, White, atc. White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working like. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Lest)  Levin Marcus Marshall  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY										
립	8 Years		Homema	ker						
S	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA				72.0	
Ä	Levin Marcus	Marshall			An	na Ma	rie E	Bange	ert	
TO E	190. INFORMANT'S NAME (Type/Print)  Carlos E. Passwa	tors			Number or Rural I				21613	
	20e. METHOD OF DISPOSITION	20b. PL	ACE AND DATE O	DISPOSITION (			20c. LOCATION -			
	1 M Buriel 2 Cremetion 3 Removal fro 4 Donation 6 Other (Specify)	MD · Ve	eterans	Cemet	ary	3-31	Hurloc	ek, M	ſd.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **Exactly R Thou	- A.		Tho	mas Fu	neral		lera	wa 21612	
	23. PART I. Enter the diseases, or complication		death Death						Md. 21613	
	ahock, or heart fellure. List or IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Bowel Gan	igrene			n aa cerdiac e	or reappratory a	rreat,	Approximate Interval Between 2 neer and Peath 2 weeks	
		THE POST OF	NEEDNENCE SEL	nia			Sauce.		10 Years	
NOI	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CO	-	((600	cia		-		10 years	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	NSEQUENCE OF:							
ERTII	that initiated events resulting in death) LAST		,							
	PART II. Other algolficent conditions conf			the underlying	ceuse given in	Part I. 24a.	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
EDICAL	Circhosis	Cirrhosi			A	_ 10	PERFORMED?	15	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Ξ	Chronic Obs	Obstructi	Ve Pul	noharv	Disea			-	1 TES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL				CE OF DEATH (Ch	eck only one)				
Sic		SPITAL: npatient 2 ER/Outpatie		THER:	€ □ Baddana	a 🗆 Other (Car	all d			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	Rea. DATE OF INJURY (Month, Day, Year)	28b. TIME O		y					
	Z Decident	Re. PLACE OF INJURY — building, etc. (Specify)	- At home, farm, street, factory, office  28f. LOCATION (Street and Number or Rural Route No. City or Town, State)						loute Number,	
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the control of the contro								) and manner as stated.	
BE	296. SIONATURE AND TITLE OF CERTIFIER	1.45			29c. LICENSE NUI	MBER 627	29d. DA	TE SIONED	(Month, Day, Year)	
5	Joseph Ziture	THE TEN CAUSE OF DEATH	quivova	ma St.	bredge	ridge,	Md. 2	161	31 9 4	
	31. DATE FILED (Month, Day, Year) MAR 3 1 '97	2. REGISTRAR'S SIGNATU	RE		3					



T .	) ·	ransit permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIANY: The Law requires that the death certificate be executed within a mount of the death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE THE	TO THE	IMPOF

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATN
	Louise	Cecel:	ia	R	aley				March 31,	1992	2	3:15 A M
	4. SOCIAL SECURITY NUMBER 214-74-1594	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) Dec. 11		A. BIRTN	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give at	reet and number)	75		9b. CITY	r. TOWN (	OR LOCATI	ON OF DE		9c. COUN		-
TOR	Star Rt. Box 104	Road			ptio				St.			
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN (	OR LOCA	TION	-				10d, INSIDE CITY	
FUNERAL DIRECTOR	Maryland St. Mary's				hapt	ico						LIMITS?  1 YES 2 ND
TOB. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN								ZEN OF Y	VHAT COUNTRY?			
5	Star Rt. Box 104					206	21		U.	U.S.A.		
BY FUI	11. MARITAL STATUS  1 Never Married 2 Married  3. Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FORCES 2				1.0	If yes, sp	ENDENT Cooling	n, Maxica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No-	14. RACE Black Speci	— American Indian, c, White, etc.
	15. DECEDENT'S EDUC	ATION	I san DE	COENTIO	1	00116471	201		I as your as as	1	Whi	te
1	(Specify only highest grade	completed)	(G/	ve kind of	work done se retired.)	during mo	as of working	ng	16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -	•)						77-			
MO	17. FATNER'S NAME (First, Middle, Last)			HOUS	sewi f	е	16. MOT	HER'S NA	ME (First, Middle, Maiden			
	Henry		Kno	++					anna	0011101110)	1	Davis
BE	19a. INFORMANT'S NAME (Type/Print)				ADDRES	S (Street a			Route Number, City or Tox	m, State, Zip		MVIS
10	Virginia R. Knott			Star	Rt.	Box	102	, Ch	aptico, Ma	rvlar	nd 2	20621
	20a. METHOD OF DISPOSITION 1   ↑ Burlel 2 □ Cremetion 3 □ Remo	wal from State	20b. PLACE (	OF DISPO						CATION —		
	4 Donation 5 D Other (Specify)				ph Ce	emet	erv		Mo	rganz	a. N	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0.		22.	NAME A	ND ADDRE		erdiner Fu			_
	Muchael of.	Hara	liner		F	2.0.	Box	270	Leonardt	own,	Mary	land 20650
	23. PART is Enter the diseases, or c ahock, or heart fellure. I IMMEDIATE CAUSE (Finel	List only one cau	ise on each lina							iratory arr	eat,	Approximate Interval Between Onset and Daeth
	disease or condition resulting in death)	Cardiova			Hear	t) F	ailu	re			years	
		Atheros									years	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									Jears		
S	CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEC	WIENCE O	NEW.			-				
H	that initiated events reaulting in death) LAST	1	(On AS A CONSEC	WENCE U	r-j:							
	PART II. Other aignificant conditions	a contribution to	dooth but not a		In the co			Less te				
MEDICAL		ney) fai.				ngeriyin	g cause	given in	Part I. 24a. WAS AP PERFO		246	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	Tienar (mrd)	ley) Idl.	rare (en	LOUL	(C)				1 [] YES :	NO NO		OF DEATH?
-									- 1			1 TES 2 NO
AN												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	~		eck only one)			
HYS	1 YES 2 NO	28a. DATE DF	ER/Outpatient 3	26b. TIN		raing Hon	URY AT	sidence	8 Other (Specify) 28d, DESCRIBE NOW	IN HIEV OC	NIDED	
ВУ Р	1 Netural 5 Pending Accident Investigation	Pay, Year)	IN.	JURY	WC	PES 2	] ND	26d. DESCRIBE NOW	INJUNY OCC	JUNED		
- 4	3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE O building,	of INJURY — At house. (Specify)	me, farm,	street, fac	tory, offic	:8		28f. LOCATION (Street City or Town, State		or Flural i	Route Number,
J.E	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occur	red at the t	time, deta	and place	, and due	to the cause(s) and me	nner es stet	ed.	
COMPLETED	enel											s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIES	7					29c. LIC	ENSE NUI	WER	29d. DATI	E SIGNED	(Month, Day, Year)
0	9//						D	0 21	59	•	Mar	ch 31, 1992
2	30. NAME AND ADDRESS OF HEATHN WHO	COMPLETED CAU	SE OF DEATH (ITER			nd	2062	1				
	31. DATE FILED (Month / Day, Year)	A					2002	-				
	APR 0 1 '92	Lulie	AR'S SIGNATURE  Davidson	Rando	حائل							

DHMH-16 Rev 1/89

10a STATE

DIRECTOR

FUNERAL

BY

4. SOCIAL SECURITY NUMBER

414-07-6135

RESIDENCE OF DECEDENT

Tennessee

1 Never Married 2 Married

3 X Widowed 4 Divorced

31. DATE FILED (Month, Day, Year)

MAR 30 '92

10e. STREET AND NUMBER

11. MARITAL STATUS

9s. FACILITY NAME (If not institution, give street and number)

7807 Fairfax Road

10b. COUNTY

1234 Armstrong Street

Knox

Bethesda

101, ZIP CODE

11510 Old Georgetown Road, Rockville, MD 20852

10c. CITY, TOWN OR LOCATION

Knoxville

6. AGE (In yrs. last birthday)

Lucille C. Russell

1 M 2 K F

5. SEX

1 11	(Specify only highest grad		(Give	kind of work dor		16b. KIND OF			
COMPLET	Elementary/Secondary (0-12)	We. D	o NOT use realised HOUSEWI	1.)			Own F		
BE CON	17. FATHER'S NAME (First, Middle, Lest)  John Wesley Ca:	rdwell				18. MOTHER'S NA			
	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING AODRESS (Street and Number or Rural Route Number, City or						
5	William Gene H	Russell	- 1			Rd., Be			
	20a METNOD OF DISPOSITION 1 Surisi 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	moval from Stats	20b. PLACE AND DATE OF DISPOSITION (Name of competery, crematory or other place) WOODLAWN Cemetery 3-30						
	21. SIGNATURE OF FUNERAL SERVICE L	& Kar	22. NAME AND ADDRESS OF FACILITY Rapp Funeral Service						
the State Dept. of Health and Mental Hygiene prior to burial, cremation, or, or litem 23 shows any Injury, or other traumatic event, the muHYSICIAN: MEDICAL CERTIFICATION	immediate Cause (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	STATIC R AS A CONSEQUE	ENCE OF):	5A51	CAR	CIN	OMA	
	PART II. Other algnificant condition	d	ath but not res		underlying	cause given in	Part I.	24e. WAS A PERFO	
N: ME							-		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH (Ch	eck only o	ne)	
PHYSICIAN:	1 TES 2 NO	HOSPITAL:	VOutpatient 3 🗆	DOA 4 N	THER:  Nursing Nome 5 - Residence 6 X C			er (Specify)	
ВУ РН	27. MANNER OF DEATN  1 X Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, )	INJURY 28b. TIME OF 28c INJURY AT		K?	28d. OEŞCRIBE NO			
ED	3 Suicide 8 Could not ba 4 Hemicide determined	28s. PLACE OF IN building, etc.	INJURY — At home, farm, atreet, factory, office 2af. LO City					ATION (Street or Town, State	
COMPLET	29s. CERTIFIER (Check only one)  1 (X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placs, and dus to the cause)  2 (I MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place in the time, data and p								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMB  D 2330 S								
	30. NAME AND ADDRESS OF PERSON WE Victor M. Priego				getov	n Road,	Ro	ckvil	

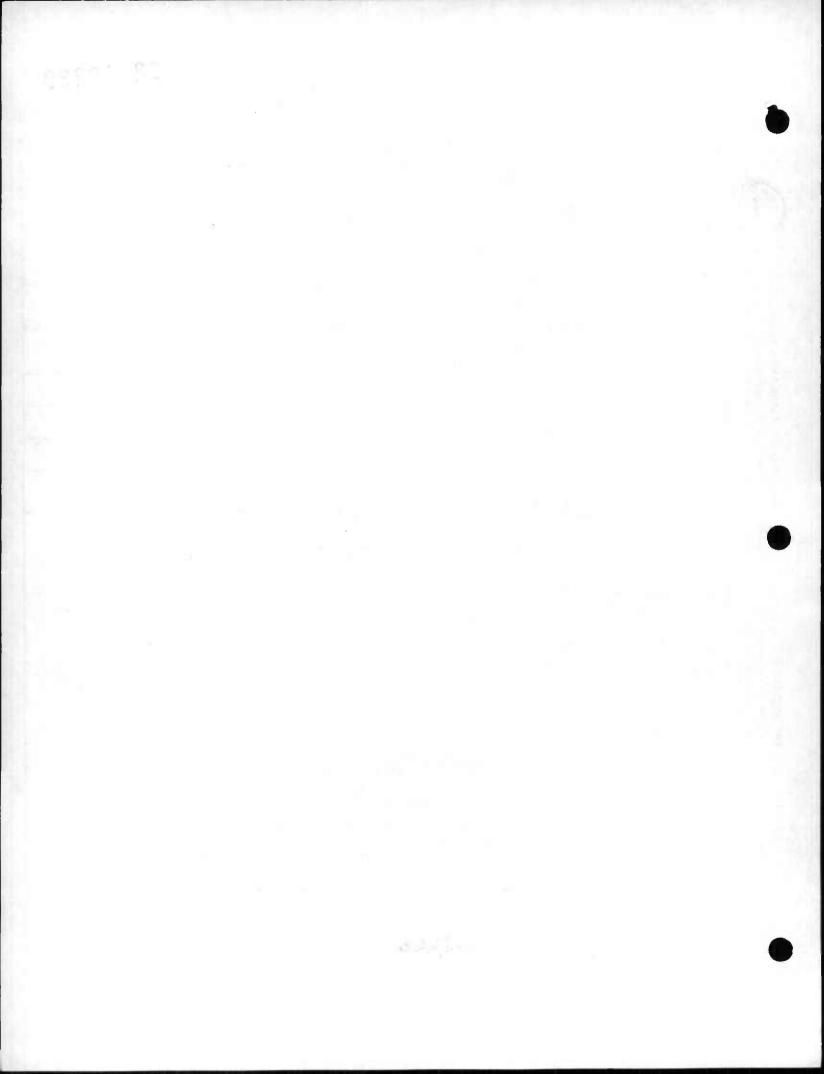
22. REGISTRAR'S SIGNATURE

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

2. DATE OF DEATN March 26 1992 11:00 PMM 7. DATE OF BIRTH (Month, Day, Year) May 9, 1911 IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTNPLACE (State or Foreign Tennessee 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 37917 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, etc. White USINESS/INDUSTRY Home n Sumame) wn, State, Zip Code) 20814 OCATION — City or Town, Stats xville, Tennessee P.A. S, P.A. Spring, MD 20910 piratory arrest, Approximets Interval Bstween Onset and Death 8 YEARS -24b. WERE AUTOPSY FINDINGS N AUTOPSY AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? RMED? 2 NO 1 YES 2 NO Son's Residence INJURY OCCURED and Number or Rural Route Number, enner as stated. nd dus to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

March 27, 1992



BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pomoval.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phours after death with the State Dept, of Health and Mental Hygene prior to burial, cremation, or removal.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						OF DEATH						
	1. DECEDENT'S NAME (First, Middle, Last)						REG. N 2. DATE OF DEATH		1	3. TIME OF DEATN		
	Richard	Edwar	rd Rob	perts	s, Jr		MONTH 3	26	92	10:20		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YE		7. DATE OF BIRTYN		8. BIRTHPL	LACE (State or Fore		
	082-05-8535	1 🔀 M 2 🗌 F	<del>91</del> 90	O YRS.	MONTHS DA	YS HOURS MIN.	July 21,	1901	Mary	land		
~	9e. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATION OF E		9c. COUN	TY OF DEA			
DIRECTOR	95 Dawson Avenue	, #607			Rocky	/ille		Montgomery				
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	CY.		I son CITY	, TOWN OR L	20171011						
8		gomery						10d. INSIDE ( LIMITS?  1 X YES 2				
	10e. STREET AND NUMBER	gomery		HO	ckvill	101, ZIP CODE		10g. CITIZEN OF WHA				
8	95 Dawson Avenue	#607					F-0	,				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARI	MED	13 WAS	208 DECENDENT OF NISPA				tates		
	1 Never Married 2 Merried	FORCES? 1	YES 2 YN	Ю	If you	s, specify Cuben, Mexic YES 2 X NO Speci	en, Puerto Rican, etc.)	- ON NO-		- American Indian White, atc.		
BY	3 Wildowed 4 X Divorced				'-	TES Z [A NO Speci	ry.		Specify:	hite		
윤	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16e, DEC	CEDENT'S L	USUAL OCCUP	PATION	16b, KIND OF B	USINESS/INDU		111100		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	) illo.	Do NOT use	netired.)	g most of working						
물	5+ Lawyer Law											
8	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surneme)											
BE	Richard E. Roberts Ellen N. Best											
2	19e. INFORMANT'S NAME (Type/Print)					eet end Number or Rural						
	Kathryn E. Rober	rts				ass Way,	Gaithersbu	org, MC	) 20	879		
	20e. METHOO OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Rem	novel from State	20b. PLACE A	NDDATEO	FDISPOSITIO	N /Name of	OATE 20c. L	OCATION — CI	Ity or Town			
	4 Donation 6 Other (Specify) Suburban Crematory 3-27 Silver Spring, Mar  21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
ľ.		CENSEE	7			p Funeral	CILITY					
	> Elein	N.K	app		933	Gist Ave	oue Silve	r Spri	na	MD 2091		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
=	PART II Other significant conditions conditions conditions and the conditions are significant.											
	resulting in deeth) LAST	d	death but not re	eaulting in	the underl	ying cause given in	Part I. 24s Was a	N AUTOPSY	T 24b W	ERE AUTORY ENA		
: MEDICAL	resulting in deeth) LAST	d	death but not re	eaulting in	n the underl	ying cause given in		N AUTOPSY DRMED? 2 X NO	AM CC OF	MILABLE PRIOR TO OMPLETION OF CAL F DEATH?		
: MEDICAL	PART II. Other algolificant condition		death but not re	eaulting in		ying cause given in	PERFC	DRMED?	AM CC OF	MILABLE PRIOR TO OMPLETION OF CAL F DEATH?		
SICIAN: MEDICAL	PART II. Other algolificant condition	d			26 OTHER:	B. PLACE OF DEATH (CA	PERFC 1 YES	DRMED?	AM CC OF	MILABLE PRIOR TO OMPLETION OF CAL F DEATH?		
SICIAN: MEDICAL	PART II. Other algolificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN	HOSPITAL: 1   Inpetient 2   280. DATE OF II	ER/Outpatient 3 [	DOA 26b, TIME	26 OTHER: 4   Nursing	B. PLACE OF DEATH (CH Home 5 Hesidence INJURY AT	PERFC	DRMED?	AM CC OF	MILABLE PRIOR TO OMPLETION OF CAL F DEATH?		
PHYSICIAN: MEDICAL	PART II. Other algorificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3 [	□ DOA	26 OTHER: 4   Nursing I	S. PLACE OF DEATH (CH	PERF( 1 YES	DRMED?	AM CC OF	MILABLE PRIOR TO OMPLETION OF CAL F DEATH?		
D BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  VES 2 NO  27. MANNER OF DEATN  1  Natural 5  Pending Investigation investigation 3  Suicide 6  Could not be	HOSPITAL: 1   Inpetient 2   28a. DATE OF II (Month, Da) 28a. PLACE OF	ER/Outpatient 3 [	DOA 28b. TIME INJU	OTHER: 4   Nursing I OF 28c, RY M 1 [	B. PLACE OF DEATH (Cr. Home 5 Hesidence INJURY AT WORK?  YES 2 NO	PERFC 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street	PRMED?  2 M NO  INJURY OCCU	AM CC OF	MILABLE PRIOR TO OMPLETION OF CAI F DEATHY		
D BY PHYSICIAN: MEDICAL	PART II. Other algolificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation Investigation	HOSPITAL: 1   Inpetient 2   28a. DATE OF II (Month, Da) 28a. PLACE OF	ER/Outpatient 3 [ NJURY y, Year) INJURY — At hom	DOA 28b. TIME INJU	OTHER: 4   Nursing I OF 28c, RY M 1 [	B. PLACE OF DEATH (Cr. Home 5 Hesidence INJURY AT WORK?  YES 2 NO	PERF( 1 YES  1 YES  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW	PRMED?  2 M NO  INJURY OCCU	AM CC OF	MILABLE PRIOR TO OMPLETION OF CAI F DEATHY		
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REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR 29 Hugh O. Reynolds 1992 03 55 P A SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 4-10-1919 DAYS 72 212-12-9947 Maryland 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Pleasant Manor Nursing Home Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City Maryland 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4615 Park Heights Avenue 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Ne—
If yes, epecify Cuban, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify: 3 Wildowed 4 Divorced BY White COMPLETED 15e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) Reynolds Shoe Repair 5th grade shoe repair once. 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Melden Surneme) William B. Reynolds Rose Anne Dennis Ħ BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hugh William Reynolds 2305 Hampstead Mexico Rd., Westminister, Md. 21157 pe 20g. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Burial 2 Cremation 3 Removal from State must Lorraine Park Cemetery Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSI 22. NAME AND ADDRESS OF FACILITY examiner Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074 dan medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finsi Onset and Death the disease or condition resulting in desth) RAN DUE TO (OR AS A CONSEQUENCE OF ancer CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not requiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL asopportal watretes PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** 1 TES 2 NO 27. MANNER OF DEATN 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 XNatural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF GERTIFIER BE ein 2 6111 32. REGISTRAR'S SIGNATURE
GUNE DEVISOR

_	REGISTRAR			CERTIF	FICAT	E OF	DEATH		REG. NO	)		-
	1. DECEDENT'S NAME (First, Midd	lle, Last)							OF DEATH			3. TIME OF DEATH
	ELLEN HARK	NESS PATISO	ч					MONTI		TAN	YEAR	
1	4. SOCIAL SECURITY HUMBER	5. SEX		n yrs. last birthday)	JE LIMD	ER t YEAR	IF UNDER 24 HRS.	_	OF BIRTH	1992		1825
	212-38-1343	1 🗆 M 2 🖔			MONTHS	-	HOURS MIN.		n, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
				5 THS.					. 6,	1936	Mar	yland
m-	9e. FACILITY HAME (If not institution	on, give street and numbe	r)		9b. CIT	TY, TOWN	OR LOCATION OF	DEATH		9c. COUN	TY OF DE	ATH
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1/5								CRIT	10	LCA	LVER	
DIREC		COUNTY				OR LOCA						10d. IHSIDE CITY LIMITS?
	Maryland C	alvert		St	. Le	onar	d					1 YES 2 HO
A	10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CITIZ	EH OF W	HAT COUHTRY?
E .	1675 Highland	Terrace					20685			U.S		
FUNERAL	11. MARITAL STATUS	12. WAS DEC	DEHT EVER IN	U.S. ARMED	19		CENDENT OF HISP	NIC ODICIN	10.40I4.W			. continues and
	1 Never Married 2 🕅 Marri	ed FUNCES?	1 L YES	2 1 NO	1,0	If yes, sp	ecify Cuban, Maxid	an, Puerto F	Rican, atc.)	s or No-	14. RACE Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, G	VE WAR OR DA	TES		1 TYES	2 NO Spec	tty:			Whit	-0
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COMPL	17. FATHER'S HAME (First, Middle,						18. MOTHER'S N	AME (First, A	fiddle, Maiden	Sumame)		
M	Robert A. Hari						Thelma	Wats	on			
9	19a. IHFORMANT'S NAME (Type/Pri			19b. MAILING	3 ADDRES	SS (Street a	and Number or Rura	Route Numb	er. City or Tow	n State Zio	Corde)	
2	William E. Ra	usch (Husb	and)									land 20685
	20. METHOD OF DISPOSITION			PLACE AND DATE								
	1 Duriel 2 Cremation 3	Removal from State	200.1	tedy clamatery of t	ther place	SITION (No	The Classic	DATE	20c. LO	CATION — C	ity or Tow	rn, State
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	21. SIGNATURE OF FUHERAL SER	VICE LICENSES			122 127	HAME A	NO ADDRESS OF F	ACILITY	0 1/1	05 Bro	omo	s Isl. Rd;
	1 4 5	5			D	ort I	Republic	T HOM		20670	ome	s isi. Ra;
	23. PART i Enter the History	as or complication	that assessed	Ab - d - Ab - D -	11,	OI C I	republic	, Mai	yrand	20076		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										st,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death
	a. MASSIVE INTRACEREBRAL HE MORENAGE.  DUE TO (OR AS A CONSEQUENCE OF):											
		DUI	TO (OR AS A	CONSEQUENCE O	F):	3.010	7/5 7	U/ U. P.	700			1
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ERTIFICATION	Sequentially list conditions,			CONSEQUENCE O								
AT	If any, leading to immediate cause. Enter UNDERLYING											
E	CAUSE (Disease or Injury	C. DUI	TO (OR AS A (	CONSEQUENCE O	D:							
E	that initiated aventa resulting in death) LAST		. TO (OII HO A C	ONSEGUENCE O	r):							
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	3 Suicide 8 Could	not be 28e. PLAG	E OF INJURY - Ing, atc. (Specif)	At home, term,	street, fac	tory, office		28f. LOCA	TION (Street a	and Number o	Rural Ro	ute Number,
2	4 Homicide determ	ined	mg area (opeca)	"				City o	r Town, State)			
<b>"</b>	29a. CERTIFIER											
COMPLET	(Check only	PHYSICIAH: To the be	it of my knowled	dge, death occurr	ed at the	time, data	and place, and due	to the caus	e(s) and man	iner as atmed	l.	
ō	2 MEDICAL E	XAMIHER: On the besia	of axamination	and/or investigation	n, in my	opinion, de	eath occured at the	time, dete e	end placa, en	d due to the	ceuse(s)	and manner ea stated.
ш	29b. SIGNATURE AND THE OF CE	RTIFIER					29c. LICEHSE NU	MRER		20d DATE	DIGNED /	Street Day March
0	111-	Herel	4							▶ //	CONCU (	Month, Day, Year)
임	30. NAME AND ADDRESS OF PERS	OH WHO COMPLETED	Alles es es	W (ITTM			D263	30		7	15/	92
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	MEIGEL, M	D PRINC	E FREDE	ERICK. N	IARVI	AND	20678					
1	31. DATE FILED (Month, Day, Year)	32. REGIS	TBAR'S SIGNAT	Thomas De								
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uns certificate has been signed by the attending physician and completely hilled in by the funeral director, page 5 should		rked or item 23 shows any injury or other traumate event the medical evantions must be applied
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	FOR	CTATE OF MA	DVI 1110 / DEDL				9	2 10	243		
	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF	TIMENT OF	HEALTH AND	MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3, TIME	OF DEATH		
	WILLIAM RIDDICK					MARCH 29	DAY 1992	YEAR 940	) 4		
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE			
	133-01-1912	1 M 2 F	79 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 15-		North C	arolina		
	9a. FACILITY NAME (If not institution, give :	treet and number)		9b. CITY, TOWN	OR LOCATION OF D		-	ITY OF DEATH	arorriia		
DIRECTOR	Calvert Memorial	Hospital		Prince	Frederic	ck, MD		Calvert			
H.	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOC	ATION			SIDE CITY			
	Maryland Cal	vert		Lusb	y				WITS? ES 2 2 NO		
Z Z	100. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZ	ZEN OF WHAT CO	UNTRY?		
Ä	11415 Trueman F	load			20657			USA			
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No-	14. RACE — Amer Black, White,	rican Indian,		
BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	S 2 NO Specia	en, Puerto Ricen, etc.) fy:		Specify: Bla					
	15. DECEDENT'S EDU (Specify only highest grade		18a, DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF E	USINESS/INDI	USTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ithe. Do NOT u	work done during me retired.)	iosi di working						
₹ P	0-6		Lab	or							
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide					
BE	Lucius Riddick					ise Riddio					
TO BE COM	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	own, State, Zip	Code)			
	Raymond Riddick		11415	Truema	n Road 1	Lusby, Mar	ryland	20657			
	20e. METHOD OF DISPOSITION  1 K Burlet 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Control of Capital Capital Control of Capital Capital Control of Capital										
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	23 DART I Enter the diseases and	< . /se	very			l Home Pri			t, Md		
	23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Cerebro Vancular Office 2 - 19 - 9  DUE TO (or as a consequence of):										
	DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  Confessor  Con										
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Ŧ	27. MANNER OF DEATH	28s. DATE OF INJ			ne 5 Residence	6 ☐ Other (Specify)  28d. DESCRIBE HOW	IN HIERY OCC	IDEO			
	1 Natural 5 Pending	(Month, Day, 1	(ear) INJ	URY WO	YES 2 NO	and Describe from	INJUNI OCCU	JHED			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF IN	JURY — At home, larm, a		100	28f. LOCATION (Street	t and Number o	v Bural Bouta Num	hae		
ETEL	4 Homicide determined	building, etc.	(Specify)			City or Town, State	9)	The Proof Total			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, death occurre	n, in my opinion, o	and place, and due death occured at the	to the cause(a) and m time, data and place, a	anner as states	d. cause(a) and man	oner as stated,		
ВС	296. SIGNATURE AND TITLE OF CERTIFIER	/			29c. LICENSE NUM		_	SIGNED (Month, D			
0	M. P.S.	ref	/			634	13		92		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE C	OF DEATH (ITEM 27) (Type,	Print)							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								
	MAR 31 1992	Actia Davidso	n-Randell								

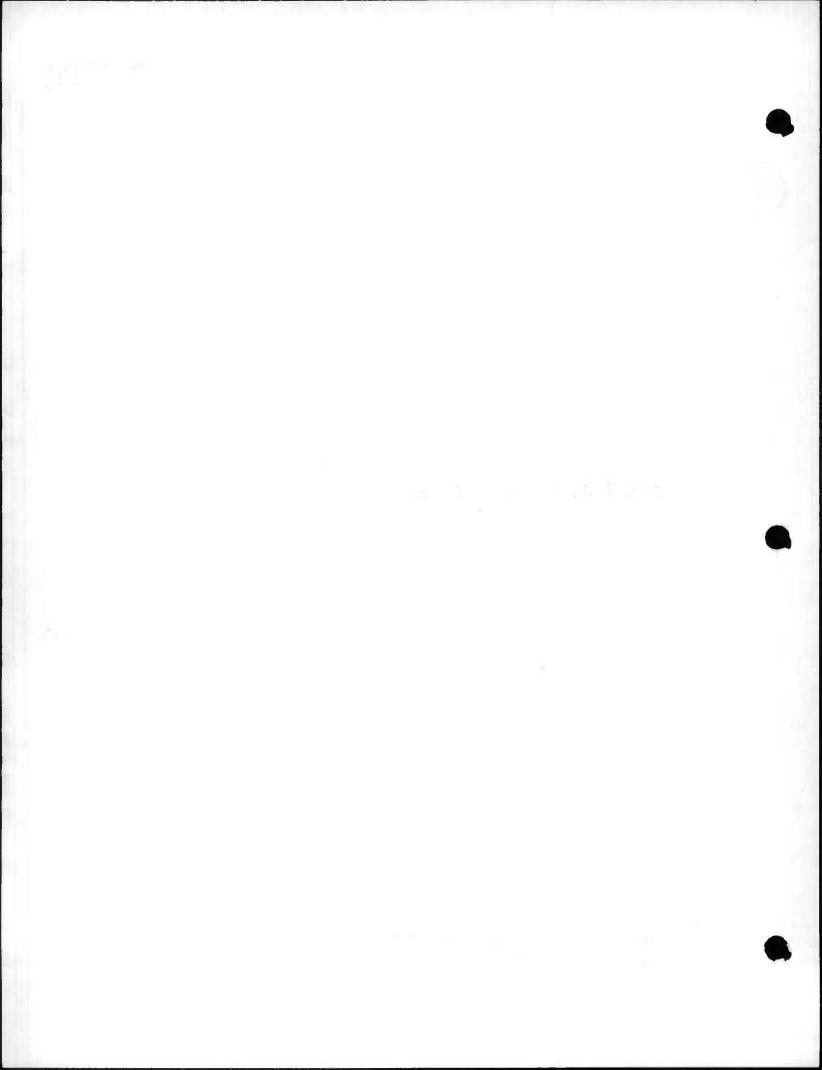
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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-	HEGISTRAN				CATE	OI.	DEAL		н	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	DAAT							2. DATE OF I	DEATH	Y .	YEAR	3. TIME OF DEATH
	Philomena A	RAAI							MARCH		199		1.38 A M
	182 20 9909	5. SEX	6. AGE (In yrs. le:	ot birthday)	MONTHS 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, De Aug.	HRTH		Countr	
	9a. FACILITY NAME (If not institution, give st	X	0.5	YHS.						2 19			nsylvania
æ			rm A T				OR LOCATION	ON OF DE	EATH		9c. COUNTY OF DEATH		
<u>ē</u>	DOCTORS COMMUNI	TY HUSP	TAL		LANHAM						PRINCE GEORGE'S		
<u> </u>	10a. STATE 10b. COUNTY			10c. CITY	10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY		
DIRECTOR	Maryland Princ	e George	es	Вс	wie								LIMITS? 1 XXES 2 NO
4	10e. STREET AND NUMBER					101	, ZIP CODE	E		VHAT COUNTRY?			
BY FUNERAL	13501 Ivy Way					20715 U					nited States		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. W	AS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (S	pecify Yea			
<u> </u>	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		No			2X NO			i, etc.)		Speci	t, write, atc.
	16. DECEDENT'S EDUC	1471011	1 10 10		1				No				White
	(Specify only highest grade	completed)	(0	ECEDENT'S Sive kind of w a. Do NOT us	VOOR done di e milmd )	uring mo	on ost of workin	g	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	•)	memak						Orm	Home	^	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			memar			18. MOTH	IER'S NA	ME (First, Midell			Е	
	Ettore Da	amiano							la Orl				
BE (	19a. INFORMANT'S NAME (Type/Print)		-19	b. MAILING	ADDRESS	(Street a			Route Number, C		n, State, Zij	p Code)	
2	George H. Raaf		- 1						, Mary				
	20a. METHOD OF DISPOSITION 1 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Rame	F DISPOSI	TION /Na	me of		DATE			City or To	wn, Stata			
a de	4 Donation 5 Other (Specify) Maryland Veterans Cemetery Cr								Crown	rownsville Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0				ND ADDRES			1 77		D 4	
	Howet E. Crams Tres.  Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland								1 20715				
	23. PART I. Enter the diseases, or c	omplications the	t caused the de	eath. Do n	ot enter t	the mo	de of dyi	ng, aucl	h aa cardiac	or reapi	ratory ar	rest.	Approximate
1	shock, or heart fallure. I IMMEDIATE CAUSE (Final	.lst only one cau	sa on each line	B				1					Interval Between Onset and Death
	disease or condition resulting in death)	Colon	Car	1 100	700	10	UF	d	4 11	111	ofo	,	Onset and beauti
	resoluting in death)	DUE TO	OR AS A CONSE	OUENCE OF	1	7	4	A	1				
Z	Secure stalls that and distant	ع	Stres	rel	0	ne	Ray	Ra	se.				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	1			11000000		3			
3	CAUSE (Disease or Injury	DUE TO	100 40 4 001105										
Ë	that initiated events reaulting in death) LAST	002 10	(OR AS A CONSE	OUENCE OF	):								1
8		l											*
	PART II. Other aignificant conditions	contributing to	death but not	resulting l	n the unc	darlying	g ceuse g	lven in	Part i. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	porty	Lemon	Soll.							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME													1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ock only one)				
XSI	1 TYES 2 NO	Inpatient 2	ER/Outpatient 3	DOA DOA	OTHER 4   Nursi		e 5 🗆 Re	sidence	8 Other (Sp	ecify)			
H	27. MANNER OF DEATH  S Natural 5 Pending	28e. DATE OF (Month, D		28b. TIME		28c. INJ WO	URY AT		28d. DESCRIE	E HOW IN	JURY OC	CURED	
B	2 Accident Investigation				M		YES 2	NO					
1 28e PLACE OF IN HIRY — At home from stead testing office							loute Number,						
린	(Check only one)												
COMPLETED	2 MEDICAL EXAMINE	t: On the beals of a	ramination and/or	Investigation	n, in my op	inion, d	eath occur	ed at the	time, date end	placa, and	dua to th	ne cause(a	) and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER		1				29c. LICE	NSE NUN	IBER		29d. CAT	ESIGNED	(Month, Day, Year)
2	K. Dakhli	M.	1)-	<u> </u>			1) 0	16 L	172		13	99	92
	NAME AND ADDRESS OF PERSON WHO	e m.	SE OF DEATH (ITE	M 27) (Type	Print)	ell	:110	Re	1. R	hil	9	20-	1/6
	31. DATE FILED (Month, Day, Year)	32. REDISTRA	R'S SIGNATURE	D. J. A	0	-110	, , , , , ,		100	) . V .	- 6	,	,,,
	MAR 26 1992	Julia	Day door	Nanago	-								





TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	0	C	ERTIF	ICATE (	OF DEAT	TH	HEN IAL II	G. NO.	2				
	1. DECEDENT'S NAME (First, Middle, Last) EMMA CHIS		RAFTER			J. DEA		2. DATE OF D		γ	YEAR 3	3. TIME OF D	EATH	_
	4. SOCIAL SECURITY NUMBER					77.		03	25	199	2	6:00	A	M
	579-48-8188	5. SEX	6. AGE (In yrs. le.	st birthday) YRS.	MONTHS DA	AR IF UNDER	MIN	7. DATE OF BI (Month, Day, 03-06-	Year)		a. BIRTHPI Country) Mary]	LACE (State of	or Foreign	
	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATI					TY OF DEA			
DIRECTOR	1316 Fenwick Land	e, Apt. 4	10		Silve	er Spri	ng			Mont	gomer	У		
RE	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR L	OCATION		10d. IN:				IOd. INSIDE	CITY	
		tgomery		Si	lver S	Spring						LIMITS?		
3AL	10s. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN			AT COUNTR	Y7	_
FUNERAL	1316 Fenwick Lane			20910									3	
BY FU	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 1	NO	C ORIGIN? (Spi , Puarto Rican,	etc.)		Specify:		Indian,				
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCCU	NO		16h KIND	OF BUSI	INESS/INDU	white		_	_
ᄪ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(G	ive kind of a Do NOT us	work done during retired.)	g most of working	rg	Too. Kitto	01 0031	WESS/IND(	Zaini			
MP.	12	3		Nur	se			Nat	iona	1 Geo	ograp	hic		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							IE (First, Middle,	Maiden S	Surname)	-			_
BE	Archibald James (	hisholm						Floren						
2	19a. INFORMANT'S NAME (Type/Print) Sara R. O'Roark							oute Number, Cit						
	13100 bpring neadows br., Germantown, Md. 2								74					
	20a_METHOD OF DISPOSITION  ***Daurial 2 Cremetion 3 Ramoval from Stata  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of campilary, cremetery, or other place)  F.L. LINCOLN Cemetery 03-30-92  Brentwood, Md													
	The HATURE OF FUNERAL SERVICE LI	CENSEE						SONS						
1 13	7 lank /4.1.	Dolau	w		4739	BALTI	MORE	AVE.,	HYA'	TTSVI	LLE,	MD.	2078	31
	23. PART/I. Enter the diseases, or abock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	An An	na Dh aach lina	/ · /	Li	luno				story arre	st,	100000	imata I Batwe and Dea	-
	Toursell of the second	DUE TO	OR AS A CONSE	DUENCE OF	7:/	1	/	/				1-		
S S	Sequentially list conditions.	a Av	torios	-love	rhe.	heart	- a	lseen	>					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10 (	OR AS A CONSEC	DUENCE OF	7):									
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSEC	DUENCE OF	7:							1		
Ä	resulting in death) LAST	d												
	PART II. Other significant condition	a contributing to	leath but not r	esulting i	n the upder	ving cause o	lven in P	art I. 24a 1	WAS AN A	ımpsy	24b W	ERE AUTOPS	V EINDING	
DICAL	Anonise 6		rain .					F	PERFORM	ED?	A	MILABLE PRI	OR TO	3
밀								_   '0	YES 2	NO	O	F DEATH?		
ž								-			,	YES 2	NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				20	. PLACE OF DE	ATH (Checi	k only one)						_
Š	1 TES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	lome 5 P Res	sidenca 6	Other (Spec	:ffy)					
표	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF II (Month, Day		28b. TIME INJ	OF 28c.	INJURY AT WORK?	1	28d. DESCRIBE	HOW INJ	JURY OCCU	RED			
à	2 Accident Investigation		~			YES 2	NO							
									e Number,					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of m	ny knowledge, de minstion and/or i	ath occurre	d at the time, on, in my opinion	late and place, n, death occurs	and due to	the cause(s) a	eca, and	er as atated	i, Cause(s) ac	nd menner a	a stated.	
H H	294 SHOWATURE AND TITLE OF CERTIFIEF		ne	)		29c. LICE	NSE NUMB	ER	:	29d. DATE	SIGNED (M	onth Day, Ye	er)	_
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEN	1 27) (Time	Print)	1	110	24		> 3	125	192		
	John B. Um	hou,	8805	- 6	mn.	Ave.	Che	ous (	hes	0,1	Ma	1 20	P15	_
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	's SIGNATURE Davidson	Rando	00					-				
	MAR 2 7 199	2 Grisa	PIW (400)	1	7							DMA	l-16 Rev	1/90
		-		-								PHMI	· In USA	1100

- 1 .c.

PHYSICIAN:

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BE

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2 Accident

3 Suicide

4 Homicide

29b. SIGNATURE AND TITLE OF CERTIFIER

29e. CERTIFIER

y be retained by the hospital or attending physician.	page 5 should be detached for use as the burial-tran	be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlahtran	be hed within 72 hours after death with the State Dept. or health and welfall hydere prior to burial, cremation, or removed.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR A	TO THE FUNERAL DIREC	be nied within 72 hours IMPORTANT: It Item

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. BRUCE CLAYTON SCRIBER 2. DATE OF OEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH March YEAR 1156 STUCE AM 1992 7. DATE OF BIRTH (Month, Day, Year) \$7-30-5 4. SOCIAL SECURITY NUMBER 5. SE) 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 NRS. 9a. FACILITY NAME (If not institution, give street 34 1 X M 2 - F YRS. 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1 YES 2 NO LEONARDTOWN MARYLAND MARY'S FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE P.O. BOX 20650 UNITED STATES 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yee or No—II yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 12, WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married 1 TES 2 NO Specify: Specify BY 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 165. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ᄪ Elementery/Secondary (0-12) College (1-4 or 5 +) COMPL 10 BUS BOY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) JOSEPH RANDOLPH SCRIBER BE ROSA A DORSEY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOSEPH RANDOLPH SCRIBER BOX 55 LEONARDTOWN MARYLAND 20650 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20s. METHOD OF DISPOSITION

1. Burtisl 2 Committion 3 C

4 Dogetter 5 Doner (Specific)

21. SIGNATURE FUNERAL SERVICE HARLES MEMORIAL GARDENS LEONARDTOWN, MARYLAND 22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME 59 N. WASHINGTON STREET LEONARDTOWN, MARYLAND 20650 EDWARD BRINSFIEL N. M00052 23. PART i. Enter the diseases, or complications that quised the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or haert fellure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Renal chronte CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): old CAUSE (Disease or injury that initiated events resulting in death) LAST Uruzens13 PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER:

Nursing Home 5 - Residence 8 - Other (Specify) HOSPITAL: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 285 TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural

28a. DATE OF INJURY 26c. INJURY AT WORK? 5 Pending 1 YES 2 NO investigation

28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or it in, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se atsted.

29c. LICENSE NUMBER

D33470 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Princ)

BHASKER JHAVERI, MD SHANTI, LEONARDTOWN, MARYLAND 20650

31. DATE FILED (Month, Den) 32. REGISTRAR'S SIGNATURE ulia Savidson-Randell U

29d. DATE SIONED (Month, Day, Year)

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examiner

event, the medical traumatic CERTIFICATION other 10 shows any injury, MEDICAL BY PHYSICIAN: item 23 5 TO THE HOSPITAL OR ATTENDING PHYSICI.
TO THE FUNERAL ORECTOR: After this cert
be filed within 72 hours after death with the
IMPORTANT: If item 28 is marked, o is marked, COMPLETED

BE 10

1	DECEDENT'S NAME (First,	Middle, Last)								2. QATE OF OEATH	W	YEAR	3. TIME OF DEATH	
	ANNIE BERN	ICE SC	HMOOKLER							MARCH 30	) ]	992	3:00 P	
1	507-01-249		6. SEX	6. AGE (In yrs	lest birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. GATE OF BIRTH (Month, Day, Year) OCTOBER 8	Country)		HPLACE (State or Foreign try) NCOLN NEBRA	
	340 OAK RI	DGE DI	, , , , , , , , , , , , , , , , , , , ,				CITY, TOWN OR LOCATION OF DE MECHANICSVILLE				9c. COL	INTY OF	MARY'S COUNTY	
-	oo. STATE  MARYLAND			TY, TOWN							10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
11	MARYLAND ST. MARY'S ME 100. STREET AND NUMBER 2480 SANDGATE ROAD						101. ZIP COOE 10g. CITIZEN OF W 20659 UNITED ST							
3	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced  12. WAS OECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						If yes, sp			NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.) y:	or No-		CE — American Indian, ck, Whita, etc. city: WHITE	
10		EDENT'S EDU highest grade		+)	16a. DECEDENT'S USUAL OCCUPATE (Give kind of work done during me life. Do NOT use retired.)  REGISTERED NURS			furing most of working		MEDICA	BUSINESS/INDUSTRY			
17	7. FATHER'S NAME (First, M UNKNOWN	iddle, Last)						16. MOTHER'S NAME (First, Middle, Maiden UNKNOWN			n Surname)			
11	MARIAN HAY									MECHANICSV			ARYLAND 206.	
1	0a. METHOD OF OISPOSITI  ☐XBuriel 2 ☐ Crematio ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from State	oth	CE OF CISPO or place)								Town, State	
2	EDWARD	00052	22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME 59 NORTH WASHINGTON STREET					ERAL HOME N STREET AND 20650						

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

DUE TO JOR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 YES 2 NO 27. MANNER OF BEATH

Natural Accident

3 Suicide

29a. CERTIFIER

4 Homicide

(Check only one)

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year)

OTHER: 4 I Nursi 28b. TIME OF

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

Residence 6 - Other (Specify) 28c. INJURY AT

26. PLACE OF DEATH (Check only one)

26d, DESCRIBE HOW INJURY OCCURED

2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

м

1 YES

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and man

29b. SIGNATURE AND TITLE OF CERTIFIE

8 Could not be

determined

29d. DATE SIGNEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COM LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WILLIAM BOYD, MD

17 JEFFERSON STREET, P.O. BOX 435, LEONARDTOWN, MARYLAND 20650

31. DATE FILEO (Month, Day, 92 3

32. REGISTRAR'S SIGNATURE Pandalle

**OHMH-18 Rev 1/89** 

Sant Downster Sant

2. DATE OF OEATH

3. TIME OF DEATH

1		bermin	
BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits the first and burial-transit permits of the first and burial-transit permits of the first and burial-transit permits of the first and burial-transits.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ESTHER GOLDA	SEEMA	NN					MARCH 2	23, 199	2 YEAR	3:10 P. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER		IF UNDER		7. DATE OF BII (Month, Day,	RTH		RTHPLACE (State or Foreign	
	050-05-5767	1 🗆 M 2 💢 F	86 YRS.	MONTHS	DAYS	HOURS	MIN.		- 1906	Country)	POLAND	
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY	, TOWN O	R LOCATI	ON OF DE	EATH	9c. CC	OUNTY OF DE	ATH	
<u>ج</u> ا	COLLINGSWOOD NUR	SING CENTE	ER	RO	ROCKVILLE MONTGOMERY							
CTOR	RESIDENCE OF DECEDENT											
DIRE	10a. STATE 10b. COUNT										10d. INSIDE CITY LIMITS?	
		MONTGOMERY	R	OCKVI						1 X YES 2 NO		
FUNERAL	10e. STREET ANO NUMBER				101	ZIP COD					HAT COUNTRY?	
필		OURT				2085				STATES		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.)  Black, W  Specify:  Specify:							- American Indien, White, etc.	
E	15. OECEGENT'S EDI (Specify only highest grad	JCATION e completed)	(Give kind of	n. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u									
10 BOOKKEEPER PLASTICS  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)												
		v								)		
SAMUEL NIMENSKY  SAMUEL NIMENSKY  19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)												
2	STANLEY SEEMANN							3.00	, MD. 2			
			20b. PLACE AND DAT				, KU	DATE	20c. LOCATION		un State	
	20 METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Res 4 Donation 5 Ower (Specify)	noval from State	WELLWOOD							NELAWN, NEW YORK		
	21. SIGNATURE OF TUNERAL SERVICE TO	CILHBEE		22.	NAME AN	ID ADDRE	SS OF FA	CILITY				
- 1	Harri	to H									ELS, INC.	
-	23. PART I. Enter the diseases, or	m. Juse									MD 20852	
	immediate CAUSE (Final disease or condition resulting in desth)	· Core	R AS A CONSEQUENCE	ĵ~⊃ (	ul	e-	A	Cade	土		Onset and Death	
ATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEQUENCE C	VG OF):	cul	2-	V	islan	2		15ys	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (O	R AS A CONSEQUENCE O	CONSEQUENCE OF):						ys.		
_	DART II Other cignificant condition		<b>\</b>		4 . 4 . 7 .	and second		D. A.L. D.			1 0	
MEDICAL	PART II. Other algnificant condition	ns contributing to d	eath but not resulting	in the u	nderryin	g ceuse	given in		WAS AN AUTOPE PERFORMED?		WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ż												
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE				heck only one)				
S	1 WES 2 NO	1 - Inpetient 2 - E	R/Outpatient 3 DOA	1	_		aeldence	6 Other (Spe				
ВУ РН	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation		Year) IN	IJURY M	1 🗆	IURY AT PRK? YES 2 [	_ NO		E HOW INJURY			
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, et	INJURY — At home, ferm, c. (Specify)	atreet, fac	tory, offic			City or Toy	N (Street and Num vn, State)	ber or Rural R	oute Number,	
COMPLE	one) 2 MEDICAL EXAMIN	IER: On the basis of exam	y knowledge, death occur mination and/or investigat								and manner ee stated.	
O BE	296. SIGNATURE AND TITLE OF CERTIFI	Liher	e ha			29c. LIC	LGS	S20	29d. 0	3/ a	(Month, Day, Year) 24/92	
		R, M.D., 5	O W. EDMON	STON	DR.	#50	2 RO	CKVILLE	E, MD	20852		
	MAR 26 92	MAR 26 92  MAR 26 92  MAR 26 92										

GAZA. LE

BALTIMORE, MARYLAND 21215-0020	in 24. Suits after death. Page 6 may be retained by the hospital or attending physician. If filled in by the funeral director, page 5 should be detached for use as the burial-transit peation, or removal.  The medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s yours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	F HEALTH AND	MENTAL HYGIE			
1. DECEDENT'S NAME (First, Middle, Last Dirse					2. DATE OF DEATH		VEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	-7	7 C	IPLACE (State or Foreign
057-32-0380	150 M 2 D F	55 YRS.	MONTHS DAY		August 1		Counti	γ)
9e. FACILITY NAME (If not institution, give	street end number)	//	9b. CITY, TOV	VN OR LOCATION OF D			UNTY OF D	shington D.
Washington Adve	ntist Hospita	.1	Tak	oma Park			ontgo	
10e. STATE 10b. COUN	TY	10c. CF	TY, TOWN OR LO	CATION				10d. INSIDE CITY
Md. P	.G.		Unive	rsity Pa	rk			LIMITS?
10e, STREET AND NUMBER				101. ZIP COOE		10g. CIT	TIZEN OF V	VHAT COUNTRY?
4205 Tuckerm	an St.			20782		1	J.S.A	
11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No-	14. RACE	- American Indian,
1 Never Merried 2 Merried 3 Widowed 4 R Divorced	IF YES, GIVE WAR OR D	ATES		, specify Cuben, Mexic YES 2 XNO Speci			Speci	r, White, stc.
								White
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	18e. DECEDENT'S	Work done during the retired.)	ATION most of working	16b. KIND OF E	USINESS/IN	DUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)			•				
	5+	Pro	fessor		Un	iv. of	e Ma	ryland
17. FATHER'S NAME (First, Middle, Last)				The second second	AME (First, Middle, Meid	en Surname)		
Richard	Sallet			Marg	aret	Stol:	zenba	ch
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or 1	own, State, Zi	p Code)	
Mike Sallet		4205	Tucker	man St. U	niversity	Park.	Md.	20782
20a. METHOD OF DISPOSITION	movat from State 20b	PLACE AND DATE etery, crematory or of Chamber	OF DISPOSITION	(Neme of	DATE 20c.	LOCATION -	City or To	wn, State
11. SIGNATURE OF FUNERAL SERVICE L	and the same of th	CHAMING		AND ADDRESS OF FA		lverda		
-TV 6	GENSEE # 670			AND ADDRESS OF FA	W.W.C	namber	rs Co	. Inc.
23. PART I. Enter the diseases, or	Chamler	1	580	l Clevela	nd Ave. R	iverda	ale.	Md. 20737
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infilated events resulting in death) LAST	c	CONSEQUENCE O	f): f):	Colo	IH (A)	UCC		Onact and Death
	d			4				
PART II. Other significant condition	na contributing to death be	ut not resulting	In the underly	ing ceuse given in	Part I. 24s. WAS A	N AUTOPSY	24h.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
					1 TYES	- 4		COMPLETION OF CAUSE OF DEATH?
						1		1 TES 2 NO
							- 1	
S. WAS CASE REFERRED TO MEDICAL EXAMINERY			26	PLACE OF DEATH (CH	eck only one)		_	
1 YES 2 NO	inpetient 2   ERroutpe	effect 3 DOA	OTHER:	ome S - Residence	# I'l debu dinami			
Z. MANNER OF DEATH	28a. DATE OF INJURY	26b. TW	E OF 28c.	INJURY AT	284. DESCRIBE HOW	INJURY OC	CUBITO	
1 Natural 5 Pending	(Month, Day, Year)	INJ	44 1	WORK?			S.O.F.E.D	
9 [ ] Suinida	28s. PLACE OF INJURY	- Al home, farm, r			26f. LOCATION (Street	e mare thousand	- 0 - 0	
4 Homicide Could not be	bigliding, etc. (Speci	10	110000000000000000000000000000000000000		City or Town, Stat	MI-	OF PEUTSC PE	nuter Mulmber,
na. CERTIFIET	12/							
(Check only	the bast of my knowledge of the basis of exemination	end/or Investigation	ed at the time, d on, in my optnior	ete end place, end due s, death occured at the	to the cause(s) and m time, date end place, o	enner es staten	led. ne ceuse(s)	end menner as stated.
SEATURE AND TITLE OF CERTIFIE	-							
NX (/ /X	alug			29c. LICENSE NUR	54	29d. DAT	SIGNED 24	(Month Day, Year)
O. PAME AND ADDRESS OF PERSON WITH	10 COMPLETED CAUSE OF DE	TH (ITEM 27) (Type.	Print)	To Dine	y Posses	wholi	MA	70770
MAP 26 (Month, Day Year)	Jay REGINTRANIS SIGNA	Pindell.			0100	0011	1.10	WIN

3 24 92 JUST During L. Maria Ambelon for the course of

REG. NO.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho HOSPITAL

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Anne Igelhart Sommers Mar. 20, 1992 8:30 A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 056-26-8807 1 - M 2 TF HOURS YRS. Jan. 10,1929 Balt Be. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4624 Langdrum Lane Chevy Chase Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Chevy Chase 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4624 Langdrum Lane 20815 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexicen, Puerto Ri
1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Administrative Ass't. I.N.D.A. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Iredell W. Igelhart Alice Whitredge BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frank Sommers 4624 Langdrum La., Chevy Chase, MD 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Mt. Comfort Crematory 3/23 Alexandria, VA 21. SIONATURE OF FUNERAL SERVICE LICENSEE Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximeta shock, or hasrt failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition 10 montes Carcinema resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAII ARI F PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 X NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 X NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me K Residence 6 D Other (Specify) 27. MANNER OF OEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 X Natural (Month, Day, Year) 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) March 20, 1992 P.C. 1611 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Oler, M.D., 3301 New Mexico Ave., NW, Washington, D.C. 20016 Wesley M. 32. REGISTRAR'S SIGNATURE
Juna Daydon Agadole



**DIVISION OF VI** 

_		REGISTRAR		CERTIFI	CALE OF	DEATH	REG. NO	1_	
	1	DANIEL A.	SIMHACH	ALAM	1		2. DATE OF DEATH	7 9	3. TIME OF DEATH
la .		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	33	BIRTHPLACE (State or Foreign Country)  TODIA
	стоя		Treet and number) ADVENTIST	HOSPITAL	PL CITY, TOWN	OR LOCATION OF DE	K, MD	9c. COUNTY	Y OF DEATH TOPMERY CC
	DIRECT		PRINCE GEO		SUODL SUODL	R HILL	SIMD		10d. INSIDE CITY LIMITS? 1  VES 2 NO
nsit perm	ERAL	3618 65th AV	E		.11	20184	+	10g. CITIZEI	N OF WHAT COUNTRY?
Sing physician. the burial-transit	BY FUNER	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF YES, GIVE WAR OR I	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexico S 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) ly:	is or No — 14	I. RACE — American Indian, Black, White, etc. Specify: WHITE
spital or attending ed for use as the	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			USUAL OCCUPAT rork done during in e retired.)	nost of working	16b. KIND OF BL	ISINES\$/INDUS	ETRY
by the hospital be detached to at once.	E COMPL	17. FATHER'S NAME (First, Middle, Leat) ADIAH	SIMHACHALA	AM		18. MOTHER'S NA UNKN	AME (First, Middle, Maide OWN	n Surname)	
e retained e 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) RUKKUMONEY SIA	HACHALAM				Route Number, City or To		
age 6 may be director, page		20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		BEORGE W	VASHIN	GTON CE	METERY	ADELPI	ty or Town, Stata
death. P		21. SIGNATURE OF FUNERAL SERVICE LY	J. Bie	pler					1 St. N.W. C Washington
r filled in by bion, or remo		23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A CUR A  Due To (OR AS	each lina.				piratory arres	Approximate Interval Between Onset and Death
certificate be executed in physician and or lygiene prior to burian other traumatic.	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF	·): '	Disea	S C		Years
that the deat by the atte h and Mental any injury.	EDICAL CE	PART II. Other algnificant condition	na contributing to death	but not resulting	in the underly	ng cause given ir	Part I. 24e. WAS A PERFO	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2 5 5 E	Σ						_		1 TES 2 NO
OF VIAL HEX PHYSICIAN: The law requi this certificate has been s with the State Dept. of H riked, or Item 23 shov	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA		PLACE OF DEATH (C		PERAT	TING ROOM
	ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IURY 1	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	/ INJURY OCCU	RED
ATTENDI ATTENDI ECTOR: A s after d	ETED E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, ferm, sectly)	street, fectory, of	fice	281, LOCATION (Stree City or Town, Sta	it and Number of te)	or Rural Route Number,
単 公 文 世	MPL	CONSULT ONLY	ER: On the basis of examinat						d. cause(a) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIC	heer			29c. LICENSE M	207	29d. DATE	SIGNED (Month, Day, Year)
12	-	30. NAME AND ADDRESS OF PERSON W THOMAS MILLTA	NO, HD 760	00 CARR		UE TAK	COMA PAC	ZK, HI	20912
		MAR 23 92	32. REGISTRAR'S SIG	According to the second	2				

DC

1937. ...

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

		1
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020		
10	A STATE OF	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, case 5 should be detached for use as the burist-race in across		
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the state of the state of	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		

must be notified at once.

DAY HAK - Chun YEAR 92 26 03 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State 220-90-88 1 1 1 E 04-08-Korea 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian Montgomer, 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery 01ney 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S. 3809 John Carroll Dr 20832 Permanent Resident 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO BE COMPLETED BY 3 Wildowed 4 Divorced Oriental 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Government Employee Korean Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Yu Kyung Shin Unknown Lee 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 0 Chae Won Shin 3809 John Carroll Dr, Olney, MD 20832 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 14 Buriel 2 Crumation 3 Fe 4 Donation 5 Other Goody Memorial Park 03/28/92 Olney, MD 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, MD 23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or levert feiture. List only one ceuse on each line. Approximata interval Batween IMMEDIATE CAUSE (Final Onaat and Death disease or condition OUE TO (OR AS A CONSEQUENCE OF) reaulting in death) CERTIFICATION ancer Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted eventa resulting in death) LAST Anemia PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 W NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER:
4 Li Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural NAM NA BY 1 YES 2 NO 2 Accident PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as atsted. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND JITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) K 10 33 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 13000 Georgia Ave, Silver Spring, MD 20906 Byoung K. Lee, M.D.

32 REGISTRAR'S SIGNATURE

who Davidson

31. DATE FILED (Month, Day, Year)

MAR 31

STA	TE ISTRAR
REG	BIHAH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OINIE OI I	IIIII EA	CERT	ΓIFIC	CATE	OF	DEAT	TH	IAICH I	REG. NO			
1. OECEDENT'S NAME (First	, Middle, Last)										E OF OEATN			3. TIME OF DEATN
Reese	Long	gfellow		Sewe	11					Ma	rch 2	5, 19	992	9:55 P
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In	yrs. last birth	iday)	F UNDER 1 Y	/EAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTN	,		IPLACE (State or Foreign
215 20 3946		1 [X] M 2   F	8	6 YI	RS. M	ONTHS D	DAYS	HOURS	MIN.		nth, Day, Year) 20,1	006	Countr	(Y)
Se. FACILITY NAME (If not in	stitution, give a	treet and number)			9	b. CITY, TO	DWN OI	R LOCATIO	ON OF D		20,1	_	DEDI	ton, MD.
Bethesda N		& Retir	ement	Ctn.				Chas				100		omery
RESIDENCE OF DEC	10b. COUNTY	,												
MD				100		TOWN DR I								10d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER	ľ	MONT.			CH	IEVY	V.							1 X YES 2 NO
	00 CON	NECTICUT	A T71	ENTITE			10f.	ZIP CODE				10g. CI1	TIZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS	00 001					42 100	0.0505	NDENTO	208					3.A.
	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 17 YES 2 NO 18 YES 2 NO 19 YES 2 NO 11 YES 2 NO 11 YES 2 NO 11 YES 2 NO 11 YES 2 NO 11 YES 2 NO 11 YES 2 NO 11 YES 2 NO 12 YES 2 NO 13 WAS DECENDENT OF N						n, Mexica	m, Puerto		s or No —	Black	American Indian, k, White, etc.		
15. DEC	EDENT'S EDU	CATION		16e. DECEDE	NT'S US	BUAL OCCU	JPATIO	4	_	16	b. KIND OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade completed)  (Give kind of work done during most of workin life. Do NOT use retired.)					of workin	g							
		5 +		Hea	id M	aste	r				Educ	ation	n	
17. FATNER'S NAME (First, M								18. MOTH	IER'S NA	ME (First,	Middle, Maiden			
		RTH SEWE	LL					LOL	A C	ARTE	R LONG	FELL(	WC	
RUTH A. SE											nber, City or Tow			
20e. METNDD OF DISPOSITI						ONN.		_	HEV		ASE, M			
1 - Burlel 2 N Cremetio	n 3 🗆 Reme	oval from State	cemet	lery, cremetory	v or other	r niecel							City or To	
4 Donation S Other		event )	Mt	Com	for					27/			, Va	
. \/		V.		5 1				ADDRES						ns Inc.
Vein		4mm	on	0		513	30 1	Visc	. A	re N	W Wash	, D.	C. 2	0016
23. PART il Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	ai	. Pneumor	nia b	ch line.	ra1	enter the	e mod	e of dyli	ng, auc	h aa ca	rdiac or reapi	retory ar	rest,	Approximata Interval Between Onset and Death
Sequentially list condition in any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injusted events resulting in death) LAS'	diate NG ry	N	(OR AS A C	disea	CE OF):									5+ yrs.
	- (	·			-									
PART II. Other algnifica	nt condition	a contributing to	deeth but	not resulti	ing in 1	tha under	rlying	ceuse g	iven in	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO	MEDICAL T					-	26 DI A	CE DF OE	ATH /C/	nok ant	200			
EXAMINER?		HOSPITAL:	ED/0-1-		. 0	THER:								
27. MANNER OF OEATN		1 Inpatient 2 I			TIME O		Nome	-	Idence		er (Specify)			
1 Netural 5 🗆 I	Pending	(Month, D		280.	INJUR	Υ	WOR		NO	28d. DE	SCRIBE NOW II	NJURY OC	CUREO	
3 Suicide	rivestigation Could not be determined	26e. PLACE Of building,	F INJURY — etc. (Specify	At home, fa	rm, atre					28f. LOG	CATION (Street e or Town, Stete)	nd Number	r or Rurel R	oute Number,
29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDIC	IFYING PNYSIC	CIAN: To the best of a	my knowled	ige, death oc	curred a	it the time,	, dete e	nd place, th occure	end due	to the ca	e end place, en	ner ee ata	ted. he ceuse(e)	end menner es stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	-30					-	Pec. LICEI						(Month, Day, Year)
nen		abill				D05256				Mar. 26, 1992				
Lewis N. (	PERSON WNO	, M.D.,	5411	W. Ce	Type, Pri	La.	, B4	ethe	sda	MD	2081/			20, 1772
31. DATE FILED (Month, Day, )	feer)	32. REGISTRA	R'S SIGNAT	URE			, 10	110	Jua,	עניו	20014	-		
MAR 3	1 '92	1 di	a David	box B	edel	2								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	of by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra h and Mental Hypiene prior to burial, cremation, or removal.
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JRDS, P.O. BOX 68760,	h ce	Hyp
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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physicia	r filled in by the funeral director, page 5 should be detached for use as the burial-trition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-troe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEF CERT		NT OF I			MEN	TAL HYGIENI REG. NO.	E			
200	1. DECEDENT'S NAME (First, Middle, Last)							2. D	ATE OF DEATH			3. TIME OF DEATH	
1	Florence	Wilhelmin			en			Ma	rch 27,	1992	2 YEAR	10 35 AM	
ì	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birtho	MONTH	DER 1 YEAR	IF UNDER	24 HRS.		ATE OF BIRTN fonth, Day, Year)		Count	HPLACE (State or Foreign	
	579-52-7002	1 □ M 2 □XF	78 YR	S.				11	12 /-	3	Con	necticut	
α	9a. FACILITY NAME (If not institution, give s			9b. C	ITY, TOWN		ON OF DE	HTA		111	JNTY OF D		
5	5306 Ventnor Road	]			Beth	esda				Mo	ontgo	omery	
REC	10a. STATE 10b. COUNTY	1	10c.	CITY, TOW	ITY, TOWH OR LOCATION							10d. INSIDE CITY	
ō		tgomery		Beth	esda							LIMITS?	
RAL	10a. STREET AND NUMBER				101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL DIRECTOR	5306 Ventnor Road							081			ted S	States	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES WW TT		if yes, sp	ENDENT O ecify Cuba 2X NO	n, Mexicer	n, Pue	IGIN? (Specify Yea rto Rican, etc.)	or No—	14. RACI Black Speci	E — Amaricen Indian, k, White, atc. #y: White		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16e. DECEOEN	T'S USUAL	OCCUPATION OF THE PROPERTY OF	ON .		T	16b. KIND OF BUS	INESS/IN	DUSTRY	MILLUE	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	II/e. Do NO	T use retired	d.)	St OF WORRIN	vy						
MP		7	Scie	ntis	t				Meteor		У		
	17. FATHER'S NAME (First, Middle, Last)  Jacques van Stra	nton						_	st, Middle, Maiden S	,			
BE	19a. INFORMANT'S NAME (Type/Print)	J Cell	10h MAII	ING ADDR	20 (Street a		zet		OOZEDOOM				
5	Peter A. Salinge	er							thesda,			3	
	20a. METHOD OF DISPOSITION 1 General 2/ Cremation 3 General		20b. PLACE AND DA	TE OF DISP	OSITION (Na	me of	,				City or To		
	4 Donation 5 Other (Specify)		Suburban	Crer Crer	nator	y		3	-28 Silv	er S	Sprin	ng, Maryland	
!	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			2. NAME AN			CILITY					
	· Cellen /	1. Kap	40		933 G:	ist A	venu	le.	vices, f Silver	Spri	ina	MD 20910	
CERTIFICATION	23. PART I. Enter the diseases, prosphock, or heert feilure. If it is a shock, or heert feilure. If it is a shock, or heert feilure. If it is a shock, or heert feilure. If it is a shock, or heert feilure. If it is a shock, or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. AS POUE TO (OR DUE TO (OR	AS A CONSEQUENCE	E OF):	er the mo	de of dyl	ng, such	1 05 0	ardiac or respir	atory ari	reet,	Approximate intervel Between Onset and Death  ACUTE  IN BLAM	
PHYSICIAN: MEDICAL C	PART II. Other significant condition:  I I I I I I I I I I I I I I I I I I I	a contributing to dea	ith but not resulting			ceuse g	iven in F	Part i.	24s. WAS AN A PERFORM	RED?	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t YES 2 NO	
[ 일	EXAMINER?	HOSPITAL:	WESSE _ N	ОТН	ER:	ACE OF OE							
Ĕ	27. MANNER OF DEATN	1 Inpatient 2 ER	URY 26h	TIME OF	28c. INJ		_		ther (Specify) DESCRIBE NOW IN.	HIPV OO	011050	2.36	
ВУР	1 Netural 5 Pending Investigation	(Month, Day, Y		INJURY M	WO	RK?		T.	DESCRIBE NOW IN.	JUNY OCI	A-	PIDETIO	
	3 D Suicide 6 Could not be		JURY At home, fam	m, street, fo				261. L	OCATION (Street an	d Number	or Rural A	loute Number,	
	4 Homicide determined			401	ME			C	ity or Town, State)	#	10		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my I	knowledge, death occ	urred at the	time, data	and place,	end due t	to the	cause(s) and mann	or as stat	led.		
Š	one) 2 MEDICAL EXAMINER	: On the beals of examination	nation and/or investig	itlon, in my	opinion	eth occure	d at the t	lime, d	ate end place, and	due to th	re cause(a)	) and manner as atated,	
BE	296. SIGNATURE AND STFLE OF CENTIFIER	0/16	1 /	1	20	39c. LICE	NSE NUMI	BER	I	29d. DATI	E SIGNEO	(Month, Day, Year)	
စ္ မြ	Steelen	della	Melles			Do	70	19	9		3-2	7-92	
	30. NAME AND ADDRESS OF PERSON WHO	41E 82	F DEATH (ITEM 27) (7)	rpe, Print)	ra f	WE	X	É	74650	A 1.	11)	20814	
	MAR 30 '92	32. REGISTRAR'S	SIGNATURE doubles	2	/0								

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

TIEGIOTTIAIT				יייייי	_ 01	DLA			HEG. NO	<i>)</i> .				
1. DECEDENT'S NAME (First, Middle, L								2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH		
KATHLEEN	BEDARD		SCHI	_				3	26		992	11:36 A		
4. SOCIAL SECURITY NUMBER 578 28 9496	5. SEX	6. AGE (In yrs. les	ot birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE (Month	DE BIRTH	1924	6. BIRTHE Country M1 C	LACE (State or Foreign higan		
Se. FACILITY NAME (If not institution,	live street and number)			9b. CITY, TOWN OR LOCATION OF DEATH Silver Spring						9c. COUNTY OF DEATH				
HOLY CROSS				S	ilve	r Sp	ring			MONTGOMERY				
10e. STATE 10b. CO Delaware St	UNTY 155ex			y, town o						_		10d. INSIDE CITY LIMITS? 1 1 YES 2 NO		
10. STREET AND NUMBER 30 Wilson Avenu	ie / Cap	e Winds	sor 19975								IZEN OF WI	HAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	1 Never Married 2 Married 3 Widowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:					United States  14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEOENT'S (Specify only highest	EDUCATION COMPONENTS		CEDENT'S					16b.	KIND OF BU	SINESS/IN				
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	) Iffe.	ive kind of a Do NOT us pute:	se retired.)			ng		Sallau	det	Unive	rsity		
17. FATHER'S NAME (First, Middle, Lest George	17. FATHER'S NAME (First, Middle, Lest)						HER'S NA	AME (First, A	liddle, Maiden Stau	,	-			
19a. INFORMANT'S NAME (Type/Print)  James D. Perre	11								or, City or Tow			95		
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from Stata	20b. PLACE Cometery, cre Montg	AND DATE	of Dispos	emat	oriu	-28- m, I	92 OATE	20c. LO Bet		City or Tow	rn, Stata ryland		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	M00689		22. He	NAME AI	Beth	ss of FA	-Chev	bert y Cha	se,	Inc.	ey Funera 7557 land 2081		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	OR AS A CONSEC												
PART II. Other algnificant cond	dtions contributing to d	death but not r	esulting	In the ur	derlyin	g cause (	alven In	Part I.	24a, WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS		
									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	Charles II		OTHER	₹:			eck only on						
1	1 Inputiant 2X 28a. DATE OF I (Month, Day	NJURY y, Year)	28b. TIM	E OF URY	28c. INJ WO				VER		OTUP			
2 Saccident Investigati 3 Suicide 8 Could not 4 Homicide determine	be 28e. PLACE OF building, e	1992 INJURY — At he Hc. (Specify)	me, farm, o				J NO	28f, LOCA	IMP TION (Street : Fown, State) NECTI	and Number	or Rural Ro	ute Number,		
	HYSICIAN: To the best of m	my knowledge, de						to the cau	e(s) end mai	nner as sta	led,			
296. MGMATURE AND TITLE OF CERT					рикоп, а		NSE NUR		and piaca, an			Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type,	Print)		0.0	C.M.	E.		3-	27-1	1992		
MARYAMON A. H. 31. DATE FILED (Month, Day, Year)	JONAL 1:		N SI	REE	T B	Al T	MOF	RE MA	ARYI A	ND 2	21201			
MAR 30 '92	& Sign D	Evidson A	andell	7.										

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ystician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within been signed by the attending physician of the beath and Mental Hygiene prior to shows any injury, or other traum? State Dept. Item 23 s certificate h this c After t TO THE FUNERAL DIRECTOR; Aft be filed within 72 hours after des IMPORTANT: If item 28 is n HOSPITAL

92 10256 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 分1-CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 10: 50 DAY Frank 26 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH or nth, Day, 8. BIRTHPLACE (State or For MONTHS DAYS HOURS 1 M 2 F 1920 Pennsylvania 166-12-2054 Jan. 9a. FACILITY NAME (If not Institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF GEATH DIRECTOR Silver Spring Holy Cross Hospital Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20902 USA 10604 Hayes Avenue 12. WAS OECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) 1 - 12US Govt., 1 year Management Analysis Dept. of State 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname Cosimo L. Smiraglia Rose La Rocco BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 10604 Hayes Avenue, Silver Spring, Md. 20902 Mary E. Smiraglia 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State of Gate of Heaven Cemetery 3-30-92 Sil. Spr. Md. 21. SIGNATURE OF JUNE BALL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md. 20904 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart feilure. List only one cause on Onset and Death IMMEDIATE CAUSE (Final disease or condition\_ resulting in death) CERTIFICATION Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: patient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 4 🗆 Nı 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF 28d, OESCRIBE HOW INJURY OCCUREO 1 Netural 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29d. DATE SIGNED (Mo

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burtal-transit per ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permoder within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	SIAIE UP MA	KTLAND /	RTIFIC	MENI UI	F HEALTH	AND N	MENTAL HYGIEN REG. NO			1-
	1. DECEDENT'S NAME (First, Middle, Last)  OSWELL	Latime						2. DATE OF DEATH	AV	3. TIME OF DEATH 92 7:00 P	
		- CV C	AGE (In yrs. lest	-	ONTHS DAY		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-17-19		BIRTHPLACE (State or Foreign Country)	n
E .	99. FACILITY NAME (If not institution, give street 471 Clarks Ro	et and number)	79		њ. ситу, тоу Са	VN OR LOCATIO	N OF DE	6-1/-19		Maryland YOF PEATH Mary's	
9	RESIDENCE OF DECEDENT								<u> </u>	,	
DIMECTOR		Mary's		10c. CITY,	alif	ornia				10d. INSIDE CITY LIMITS? 1 YES 2X NO	
FUNERAL	100. STREET AND NUMBER 471 Clarks Ro	ad				101. ZIP CODE 206			10g. CITIZE	USA	
8	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Wildowed 4 Divorced	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X/YES 2 NO If yes, specify Cuban, Mexicon, Puerto Rican, etc.)  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — Armental Yes, specify Cuban, Mexicon, Puerto Rican, etc.)  14. RACE — Armental Yes, specify Cuban, Mexicon, Puerto Rican, etc.)  15. YES, GIVE WAR OR DATES  16. YES 2 X/YO Specify: Specify:								4. RACE — American Indian, Black, White, etc. Specify: White	
BE COMPLETED	15. DECEOENT'S EDUCATION of the control of the cont	FION mpleted) College (1-4 or 5+)	(Glv iife.	e kind of wor. Do NOT use r	k done during etired.)	most of working		166. KIND OF BUS			
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	IE (First, Middle, Maiden			
BE	Richard Jesse S	wann				Ef	fie	M. Lati	mer		
10	190. INFORMANT'S NAME (Type/Print) Roland J. Swann							te Plain			
	20e. METHOO OF DISPOSITION  1) Suriel 2 Cremation 3 Remova  4 Donetion 5 Other (Specify)		20b. PLACE AL	NDDATEOF	DISPOSITION	(Name of		OATE 20c.10	CATION - CIT	ham, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN  JOAN 7. Lifens	Joan	F. Hu		HUN	tt Fui	OF FAC	al Home			
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such se cardisc or reapiratory arrest, shock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions of Peru Peru Peru Peru Peru Peru Peru Peru	contributing to dee		-	the underly		ven in P	PERFOR	MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
		OSPITAL:	omenica.	0	Z6. THER:	PLACE OF OE	VTH (Chec	k only one)			$\exists$
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJU	RY	28b. TIME O	F 26c.	NJURY AT WORK?		Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUP	RED	$\dashv$
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - At home form stock feeting after							Rural Route Number,	-	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAL CAMINER: C	N: To the best of my k	nowledge, deat	h occurred a	t the time, d	ete end place, e	nd due to	the couse(e) end man	ner ee stated.	euse(e) end manner se stated.	
BE BE	29b. SIGNATURE AND TITLE OF CERTIFIER	aaj	>	1		Dec. LICEN				IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO CO	BOX 66			dtown	. Md	20	650	31	2/17/	+
	31. DATE FILED (Month, Dely, Mar). APR 01 92	32. BEGISTRAR'S S	IGNATURE PAR	dett	- 0 0 441	i, nu.					

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FOR 1 STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	O.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TH	ME OF DEATH	
	Roswell Gilbert	Sieder				April 1s	199	2 6:	15 P.M. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			E (State or Foreign	
	135–10–5707	1 💢 M 2 🗆 F	81 YRS.	MONTHS DAYS	HOURS MIN.	Aug. 6,	1910	New Je	rsey	
	9a. FACILITY NAME (If not institution, give :			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	ITY OF DEATH		
6	520 Swaggers Poi	nt Road		Solomor	ıs		Ca1	vert		
딦	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY									
DIRECTOR	Maryland Calv			lomons	IIION				INSIDE CITY LIMITS? YES 2 NO	
	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZ	ZEN OF WHAT O		
VER.	520 Swaggers Poi				20688		U.S.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X Y	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Y	s or No-	14. RACE - An Black, White	nerican Indian,	
BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	WW TT	DATES		2 NO Speci			White	w, with	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ON set of weeting	16b. KIND OF B	JSINESS/INDI	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during m se retired.)	ost or working					
M M		4	Civil E	ngineer		Constr		l		
	17. FATHER'S NAME (First, Middle, Last) Otto F. Sieder					ME (First, Middle, Maide				
BE	19a. INFORMANT'S NAME (Type/Print)	<del></del>	TOP MAN INC	ADODESC CO	-	Gradwoh:  Route Number, City or To				
2	Marion J. Sieder	(Wife)				load, Solor			00	
	20s. METNOD OF DISPOSITION		20b. PLACE AND DATE			DATE 20c. L				
	1 N Burisi 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	permetery, crematory or o	MC Cem.	4/5			Marylar		
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, 4405 Broomes Isl. Rd;									
	Port Republic, Maryland 20676									
	23. PART I. Enter the diseases, or	complications that cause	sed the death. Do r						Approximata	
	ahock, or heart fellure.  IMMEDIATE CAUSE (Final								Intarval Batween Onset and Death	
	disease or condition resulting in death)	Conge	tive h	eart.	Cailore	2		į		
		DUE TO OR A  DUE TO OR A  DUE TO (OR A	S A CONSEQUENCE O	F):	0 ~ 0	of:				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	b. DUE TO (OR A	S A CONSEQUENCE OF	Carolia	CINTE	en c 17000				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						į		
	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	F):						
H H	resoluting in death) Exist	d								
ايد	PART II. Other aignificant condition	a contributing to death	but not resulting	In the underlyin	g cause given in				AUTOPSY FINDINGS	
EDICAL						PERFO	PMED?	COMP	ABLE PRIOR TO LETION OF CAUSE	
MEC							ZE NO	OF DE	ATH? YES 2 \( \text{NO} \)	
ž									44	
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)				
Š I	1 TES 2 NO	HOSPITAL: 1 inpatient 2 ER/0	utpetient 3 🗆 DOA	OTHER: 4 Nursing Hon	ne 5 X Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		E OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCC	URED		
B≼	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, opecify)	street, factory, offic		281. LOCATION (Street City or Town, State	and Number o	or Rural Route N	umber,	
<u> </u>			_							
COMPLETED	(Check only	CIAN: To the best of my kn								
8		R: On the basis of sxemine	tion and/or investigation	n, in my opinion, o	leath occured at the	time, dets and place, a	nd due to the	cause(s) and n	nanner se stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		29d. DATE	SIGNED (Month	, Day, Year)	
2	Charles	Bennetta	(;,),		U Z 5	156	Ap	ri1 3,	1992	
				Delet						
	30. NAME AND ADDRESS OF PERSON WH				Marritan	4 20657				
	Charles Bennett,  31. Date filed (Month, Day, Year)		. Box 550		Marylan	d 20657				

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 20+1 Gratis

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Nation 1819

Supplied to the formation and

3. TIME OF DEATH

Approximats

Interval Between

S. BIRTHPLACE (State or Foreign MO

9c, COUNTY OF DEATH

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FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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permit.

use as the burial-transit

BALTIMORE, MARYLAND 21215-0020

		1. DECEDENT'S NAME (First, Middle, Last)	Vil)	liam	Smi	th	2. DATE OF DEATH DO TO THE PERSON OF THE PER
		4. SOCIAL SECURITY NUMBER 557 22 4881	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. last birthday) 7 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 / 2 4 / 2 1
TO HOL	TOR	90. FACILITY NAME (If not institution, give so Calvert Co. Nu		9b. CITY, TOWN OR LOCATION OF DEATH Prince Frederick			
_	0 1	THE STREET OF BECEBENT					

Calvert 10e, STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Calvert Prince Frederick 1 YES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 85 Hospital Road 20678 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TYES 2 NO Specify Specify: 3 Widowed 4 Divorced WWII white 15 DECEDENT'S EDUCATION

(Specify only highest grad		(Give kind of work done during most of working	18b. KIND OF BUSINESS/INDUSTRY
Elementary/Secondary (0-12) 1 1	College (1-4 or 5+)	Mhe. Do NOT use retired.) Constuction	Swimming pool
17. FATHER'S NAME (First, Middle, Lest)	0.1	18. MOTHER'S NAM	AE (First, Middle, Maiden Surname)

Otis R. Smith

19e. INFORMANT'S NAME (Type/Print)

Sadie Phelps 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)

Mary Ann Smith	1218	Prince	Street	Dunk	irk. M	D 20	754
1 M Buriel 2 U Cremation 3 U Removal from State	20b. PLACE AND DATE Cometery, crematory or of	OF DISPOSITION (Nami	e of	OATE	20c. LOCATION		
4 Donation 5 Other (Specify)	So.Mem.	Gardens	4/2/9	9.2	Dunk	irk.	MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND	ADDRESS OF FACI	LITY			

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory strest, ahock, or heart fellure. List only cause on each line,

Rausch Funeral Home, Owings,

. Sepsis	Onset and De
DUE TO (OR AS A CONSEQUENCE OF):	
DUE TO (OR AS A CONSEQUENCE OF):	
OUE TO (OR AS A CONSEQUENCE OF):	
	DUE TO (OR AS A CONSEQUENCE OF):  MC+10+1+2  DUE TO (OR AS A CONSEQUENCE OF):  MUltiple SCI(705)

PART II. Other algnificent conditione contributing to death but not recuiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

					1   YES 2   NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER			26. PLACE OF DEATH (	Check only one)				
1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient		WIHER:					
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED			
2 🗆 0.444	28s PLACE OF INHERY ALL	ania farm storia de						

8 Could not be determined 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) building, etc. (Specify) 4 Homicide CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, end due to the cause(e) and menner as stated.

MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner ee stated. ANO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D22615

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Ronald J. Ross, - Calvert Internal Medicine Group M.D.

31. DATE FILED (Month, Day, Year)
MAR 3 1 1992 32. REGISTRAR'S SIGNATURE

出

-31-52

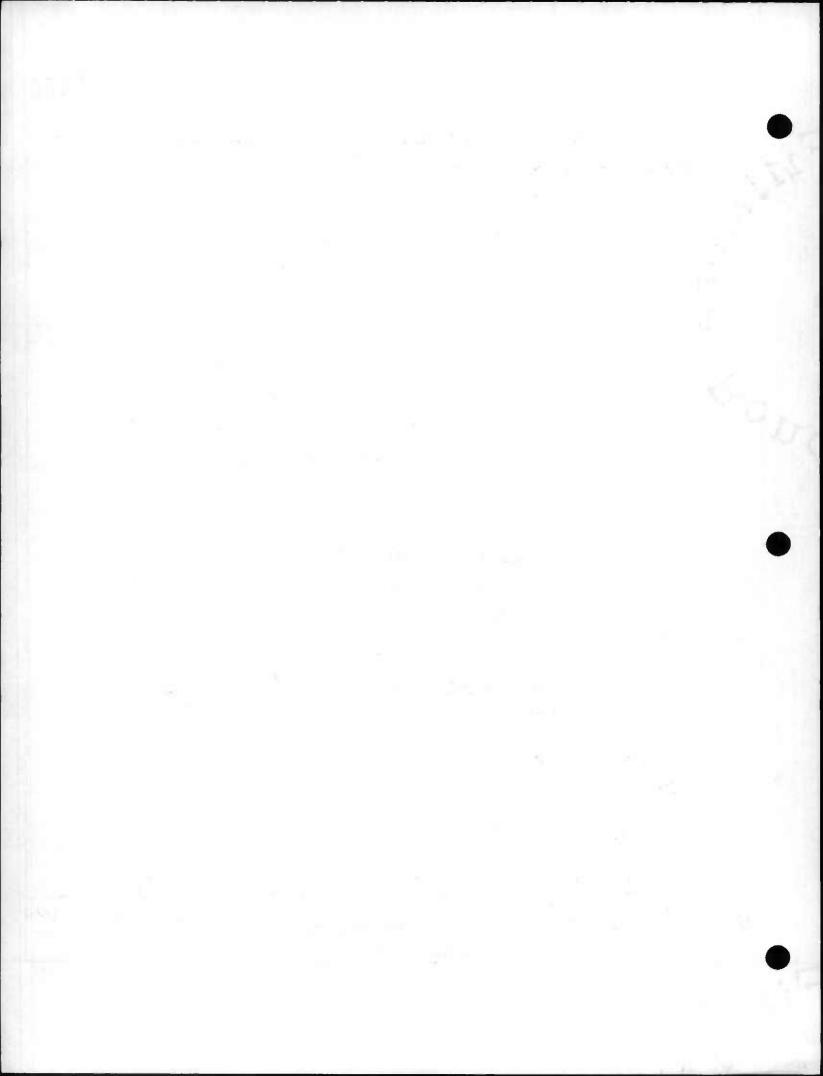
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ساقتاریک معاملات برخاند استان استعملات معاملون خداد میش

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August 2 43 mg pr

		1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEI	PARTMENT IFICAT	T OF HI	EALTH AND ME DEATH	NTAL HYGIENE REG. NO.	:		1026	
			1. DECEDENT'S NAME (First, Middle, Last)	SMA	3 LL	SMALI			DATE OF DEATH DAY	2 9	2 /	IME OF DEATH	
-	Se.		4. SOCIAL SECURITY NUMBER 579- 20-4319	128 M 2 🗆 F	in yrs. last birth	RS. MONTHS	DAYS	HOURS MIN.	Month, Day Year) 92	.5 W	ASHI	NGTON, D	
		ron	98. FACILITY NAME (If not institution, give alreet and number)  GREATER LAUREL BELTSVILLE HOSPITAL  PESIDENCE OF DECEDENT  99. CITY, TOWN OR LOCATION OF DEATH  MONTGOMERY										
	permit. Pages 1	DIRECTOR	10s. STATE 10b. COUNT	E GEORGE'S	100	CAMP S						INSIDE CITY LIMITS? YES 2 NO	
			100. STREET AND NUMBER 6260 MAXWELL DRIV	E #4			101.	20746		10g. CITIZEN	OF WHAT		
VD 21203-3146 hospital or attending physician. ached for use as the burlal-transit		BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 💥 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1243-YES IF YES, GIVE WAR ON DO	U.S. ARMED 2 NO ATES	13.	WAS DECE If yes, spe 1 YES		ORIGIN? (Specify Yea Puarto Rican, etc.)	or No.— 14.	RACE - A Black, Whi	merican Indian,	
		PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)						NESS/INDUSTRY  OVERNMENT		
LA the	should be detached tiffed at once.	SE COMPL	17. FATHER'S NAME (First, Middle, Last)  SAMUEL R. SMALL, SR.  18. MOTHER'S NAME (First, Middle, Melden Surname)  ETHEL BOLDEN										
MARY be retained	page 5 should t be netified	TO B	190. INFORMANT'S NAME (Type/Print) LOUISE WILLIAMS	(SISTER)	1207	CRIT	rende	N STREET,	N.W.; WD	C 200	)11		
Page 6 may	mus!		20e, METHOD OF DISPOSITION    XBuriel 2   Cremation 3   Rem 4   Donatton 6   Other (Specify)	noval from Stull	ARYLAN	ID NAT	IONAL	VETERAN  D ADDRESS OF FACIL	CEMETERY	CHELT		M, MD.	
BALTIMORI er death. Page 6 m	0 7 0		( houl !	Stul			JOHNS 716 K	ON & JENK ENNEDY ST	INS FUNER	V.; WDC	200	NC.	
S, within 4.7 Hours aft	filled in by on, or remo		Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Lies only one cause on e	ach line.	arre			ee cardiac or reepi	ratory arrest	1	Approximete Interval Betwee Onset end Dael	
O. BOX 13146	physician and coming to burial, her traumatic even	ERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A	eps i	ICE OF):	C						
RECORDS, P.	en signed by the atternoon of Health and Mental thows any injury, or	MEDICAL C	PART II. Other eignificant condition		but not reeu	iting in the	underlying		ert i. 24a. WAS AN PERFOR	AMED?	CON	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
FAL	ate Dept orn 23	/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND	HOSPITAL:	patient 3 🗆 I	OTHI	ER:	ACE OF DEATN (Chec					
PHYSIC	with	ву рну	27. MANNER OF DEATN  1 St Netural 5 Pending Investigation			b. TIME OF INJURY M	10	YES 2 ND	26d. DESCRIBE NOW I			Manhar	
DIVISION	ECTOR: A s after d n 28 is	етер.	3 Suicide 8 Could not be determined		ecity)				28f, LOCATION (Street : City or Town, State)	)		, Number,	
O TUE HOCOTTAIL D	AZ =	COMPLE	(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know				death occured at the ti	ime, date and place, ar	nd due to the o	cause(e) en		
200	五百0	TO BE	296. SIGNAPORE AND TITLE OF CERTIFIC  30. MARKANG ADDRESS OF PERSON V	soles 1	10	- C C C C C C C C		29c. LICENSE NUME	1530	29d. DATE S	122	192	
	4)			26-0 CI'S M C 32. REGISTRAR'S SIG	) /43	333	1901	vel-Bou	IR Rd =	\$307	19	2010	
			MAR 2.6 199	2 Julia Davi	dson-Ra	ndell							



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTA CERTIFIC			MENTAL HYGIEN REG. NO.	E 9	32 10261		
1. DECEDENT'S NAME (First, Middle, Lest) Robert J. Sn					2. DATE OF DEATH DA MONTH DA MArch 18		YEAR 992 7:20 PM M		
4. SOCIAL SECURITY NUMBER 188 26 1502	1 - M 2 □ F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURIS MIN.	7. DATE OF BIRTH (Month, Day, Year)  July 12 1		a. BIRTHPLACE (State or Foreign Country) Pennsylvania		
90. FACILITY NAME (If not institution, give 7410 Old Chapel RESIDENCE OF DECEDENT	The second secon	91	Bowie	R LOCATION OF DE	ATH	Prince Georges			
10a. STATE 10b. COUNT	ce Georges	10c. CITY, TO	OWN OR LOCAT	ION		10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO			
100. STREET AND NUMBER 7410 Old Chapel	Drive			20715		10g. CITIZEN OF WHAT COUNTRY? United States			
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? XX YES IF YES, GIVE WAR OR	13. WAS DEC	ENDENT OF HISPAN rolly Cuben, Mexicar 2 TNO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. SpecifyWhite			
16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Printer	UAL OCCUPATIO done during mos tired.)	N st of working	Governm	ent Printing Office			
17. FATHER'S NAME (First, Middle, Lest)  J. Wilbur Snyde	r				G. Drasher	Surname)			
	yder				boute Number, City or Town Bowie,				
20a. METHOD OF DISPOSITION 1   Burlel   22CCremation   3   Rem 4   Donation   S   Other (Specify)	noval from State ce	b.PLACEANO DATE OF D metery, crematory or other, letropolita	n Crem	atory	DATE 20c. LOCATION — City or Town, State Alexandria Virginia				
21. SIGNATURE OF FUNERAL SERVICE LI	. Evans	Pres.	Beal]	Annapol	Tuneral Homistanian	vie Ma	arvland 20715		
IMMEDIATE CAUSE (Final	Liet only one cause on  a	each line.				retory arre	at, Approximate Interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF): A CONSEQUENCE OF):							
PART II. Other algolificant condition	na contributing to deeth	but not resulting in ti	he underlying	cause given in F	Part I. 24e. WAS AN / PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che					
27. MANNEB OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJU WOR	IRY AT	28d. DESCRIBE HOW IN	JURY OCCU	RED		
3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, tarm, stree cify)	t, factory, office		28f. LOCATION (Street et City or Town, State)	nd Number or	· Rural Route Number,		
	ICIAN: To the best of my know R: On the beste of exeminate						f. cause(s) and manner se stated.		
296. SIGNATURE AND TITLE OF CERTIFIE	00/	5 1/2	0	29c. LICENSE NUMI	190	29d. DATE 5	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WH	1.	EATH (ITEM 27) (Type, Prin		Joel.	rlice	Ko	3450		
31. DATE FILED (MONTH, Day, Year) MAR 2 6 199	2 32. ALCONTRAM'S SICH	MATURE Mandall		/					

Land & I wat

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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n 24	thy fill	ation	#
WITH	plete	crem	ent,
rted	COM	nal,	200
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certif	ling	ygier	4
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as th	paul	alth	1 30
quire	n Sig	f He	10 W
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NG F	fter 1	eath	Tem.
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A	RAL	2	=
980	UNE	rthin	ANT
포	出出	ed w	ORT
10	100	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP
-		-	_

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Manual Cross Hospital 1500 Forest glen Rd

31. DATE FILED MAR POWDER 1992

32. REGISTARIES SECTIATURE

JUNGSON—Pandale

	FOR 1 - STATE REGISTRAR	STATE OF I					HEALTH AND	MENTAL HY	GIENE		92	10262	
	1. DECEDENT'S NAME (First, Middle, Last)			L	-	L 0.	DEATH	2. DATE OF DE				3. TIME OF DEATH	
	Christoph	er Ry	an S	مس	100	4.4		MONTH	DAY	_ 9	YEAR 2	14/0	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is			ER T YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн			LACE (State or Foreign	Per-
	~	1 M 2 - F		YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day,	Year)	7_	Country		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATION OF	7	-7	9c. COUI	TY OF DE	ryla-hol	_
DIRECTOR	Holy Cross Ho	repetal			5	* .	r Spri			W	an to	onery	
낊	10a. STATE 10b. COUNT	Y		10c. CITY	, TOWN	OR LOCA	TION					10d. INSIDE CITY	_
뜸	Handad Princ	e George	S				lboro					LIMITS?	
	10e. STREET AND NUMBER			,	,		f. ZIP CODE			10a CITI	ZEN OF WA	1 YES 2 NO	_
FUNERAL	12000 Wallace Lan	e l					20772		- 1		5 (2	TAI COURTHY?	
ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMEO	12	WAS DEC		ANIC ORIGIN? (Spe	- M - M				_
	1 Never Married 2 Married	FORCES? 1	YES 2	NO		If yes, sp	ecity Cuban, Maxie	can, Puerto Rican, e	Hc.)	No-		- American Indian, White, etc.	
ВУ	3 Widowed 4 Divorced						1	ary			Specify	. 10	
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	16a. O	ECEDENT'S	USUAL O	OCCUPATION	ON	16b. KIND	OF BUSI	NESS/IND	USTRY		-
	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT use	retired.	) ourng mo	ost or working			-			
MP		_											
<u>S</u>	17. FATHER'S NAME (First, Middle, Last)	6					18. MOTHER'S N	AME (First, Middle,	Maiden St	urname)			_
BE	Robert Le	roy >	weene	A -	25	r	Lanic	o hee	w	VOY	TON	u	
10	19a. INFORMANT'S NAME (Type/Print)	(tath)	ap ) 15	b. MAILING	ADDRES	SS (Street a	and Number or Rura	I Route Number, City	or Town,	State, Zip	Code)		_
F	Robert heroe	Sween	ay !	12000	Wa]	llace	Lane U	pper Mar	1bo	ro M	ary1a	ind 20772	
	20s. METHOD OF DISPOSITION  1 XBurial 2 Cremation 3 Ram	numl from Chat-	20b. PLACE	AND DATEO	F DISPO	SITION (No	ame of	OATE 2	Oc. LOCA	TION -	City or Tow	n, State	_
	4 Donation 8 Other (Specify)	oval from State	Laker	nont I	Yem C	bria]	Garden	S			-	e Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22	. NAME AI	ND ADDRESS OF F	ACILITY					-
- 1	KNUT E	1000	'Ha		B	eal1	-Evans	Funeral	Home	, P.	Α.		
$\dashv$	23. PART I. Enter the diseases, or o	- vuns	T US		1	6000	Annapo	lis Rd.	Bowi	e Ma	ryla	nd 20715	
	shock, or heart failure.	List only one cau	se on each line	eath. Do no e.	ot ente	r tha mo	de of dying, su	ch as cerdiac or	respira	itory arm	est,	Approximate interval Between	n
	IMMEDIATE CAUSE (Final disease or condition	Re	rsiste	nt								Onset and Deati	
ļ	resulting in death)	Pulm		Hu	100	140	-us com	_				10 h 55m	i H
1		OUE TO	OR AS A CONSE	OUENCE OF	F) ,			,					903
8	Sequentially list conditions,	proup	B 24		00	CCO	e Dep	Sis				10 / 55 mis	-
CERTIFICATION	If any, leading to immediate	TO WUG	OR AS A CONSE	OUENCE OF	): "			0					
2	CAUSE (Disease or Injury	· Hesp		y J	P12	the	223	Dyno	Livo	me	L .	10h 55 mas	-
Ē	that initiated events resulting in death) LAST	D	(OR AS A CONSE	OURNCE OF	):	3	1040 %	and be	Ath	ugu	ght	1	
5		1. Tren	natur	rety	-		LUREL	4 ges	tab	407	-	10455m	-
	PART II. Other significant condition	s contributing to	deeth but not	resulting in	the u	nderiving	ceuse given ir	Part I 24e W	MAS AN AL	ITOREY	245 8	VERE AUTOPSY FINDINGS	_
MEDICAL	Barbara Pour stall		_				weeks (	P P	ERFORM	ED?	/	WAILABLE PRIOR TO	
E .	dalia	2 60	The OP WA	201	MG 2	100	Colo C	7.1	YES 2	NO		F DEATH?	
Σ	colucy + VI	volention	group	DAM	eptr	200C	cal calon	2019			1	TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									-			
ᅙ	EXAMINER?	HOSPITAL:			OTHE		ACE OF OEATH (C	heck only one)					_
₹	1 TYES 2 NO	1 Inpetient 2		□ DOA	4 🗆 Nu	_		8 Other (Specia	fy)				
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Di		28b. TIME INJU		28c. INJ WO	URY AT RK?	28d. DESCRIBE	HOW INJ	URY OCC	URED		-
B	Accident Investigation				M		rES 2 NO						
	3 Suicide 8 Could not be	28s. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, farm, st	reet, fac	tory, office		281. LOCATION ( City or Town,	Street and	1 Number	or Rural Rou	ite Number,	
	4 Homicide determined								,				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurred	at the	time, data	and place, and du	a to the cause(s) as	nd manne	er an atata	rd.		٦
8	one) 2 MEDICAL EXAMINE	R: On the basia of as	amination and/or	investigation	, In my	opinion, d	eath occured at the	e time, data and pla	eca, and o	due to the	cause(a) a	and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU						-
B	Main K	m. 01	0	up	7			4/1	1,	DATE	Z / C	forth, Dey, Year)	į
2	30 NAME AND ADDRESS OF PERSON WHI	1100		- 7			D 35	71		-	2/17	172	

\$350° 51

and James Fall Labell

## FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH REG. NO.	
1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF DEATH 3. TIME	OF DEATH
JEAN ELIZABETH SPENCER MARCH 19 1992 1992	SID
	2/ 5 "
S. BIRTITI EAGE (3)	State or Foreign
579-48-6712 1 M 2 XF 58 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 3-28-33 Pa.	
9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN	
Doctors Community Hospital Lanham Prince Geor	rge's
RESIDENCE OF DECEDENT	
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI	SIDE CITY MITS?
	ES 2 NO
104. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COU	
IO. STILLET OF WHAT GOOD	ONTAT
8327 Canning Terrace 20770 U.S.A.	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — American Status 14. RACE — American Status 15. WAS DECEMBER 15. WAS DECEMBER 15. WAS DECEMBER 16. REPORT OF HISPANIC ORIGIN?	ricen Indian,
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)  If YES, GIVE WAR OR DATES  If YES 2 NO Specify:  Specify:	etc.
	ite
(Specify only highest grade completed) (Give kind of work done during most of working	
Elementary/Secondary (0-12) College (1-4 or 8+) Iffe. Do NOT use retired.)  University of Md.	
Depty. Chancellor	
17. FATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)	
to the training training the second training	
James Devore Spencer Rhea Sidell	
19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
Janet S. Hartnett 1301 Delaware Ave., S. W., Washington, D.(	c 20024
20a. METHOD OF INSPONITION  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  20c. LOCATION — City or Town, State	
4 Donation China Specify Metroplitan Crematory 3/21/92 Alexandria, Va.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
Gasch's Funeral Home , 4739 Baltimo	ore Ave.
Hyattsville, Md. 20781	
22 DART I Eleas the diseases as completeless that could be due to	
20 FART IL SING THE GIOGRAPH, OF COMPINATIONS WISE CHOSEN LINE GESTIN, DO NOT SINGS WISE UN LEGISLATION ASSESSMENT ASSESS	pproximate
	tervel Between
anock, or heart failure. List only one cause on each line.	ntsrval Between
interest tailure. List only one cause on each iline.  IMMEDIATE CAUSE (Finel disease or condition	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

010-1 11

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

CARL

4. SOCIAL SECURITY NUMBER

SPRIGGS

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

MONTHS DAYS HOURS MIN.

11:59

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign Country)

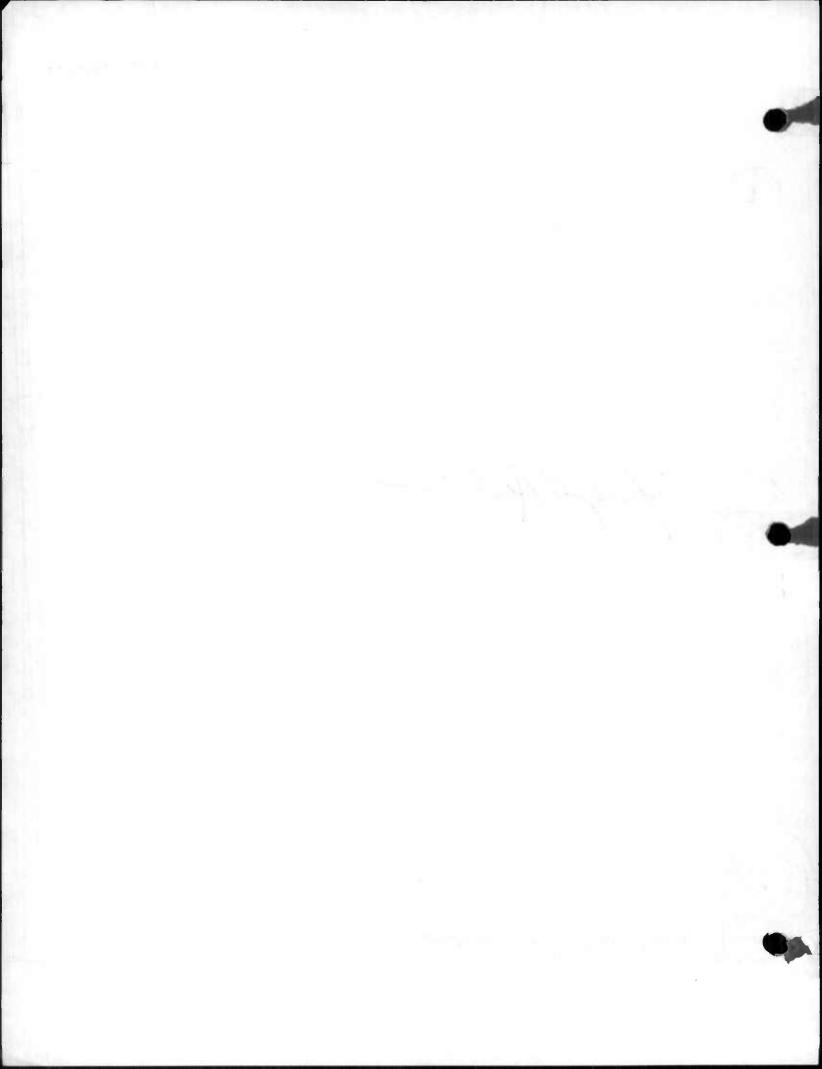
1992

2. DATE OF DEATH DAY March 18,

7. DATE OF BIRTH (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	DHECTOR, Ahir this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In now, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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-	9a. FACILITY NAME (If not instituti		reet and number)			9b. CIT	Y, TOWN	R LOCATION	ON OF DE	ATH		9c. COU	TY OF D	EATH
5	Doctors Con	nmiin i	ity Hospi	to1			Lanh	2 m				Prince George's		
DIRECTOR	Doctors Con	ENT	LLY HOSPI	Lai			Lailli	alli				LII	ince	George S
E		. COUNTY			10c, CI1	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
ā	MARYLAND	pri	nce ged	rge	LAI	LANHAM							LIMITS?	
	10e. STREET AND NUMBER	-					10:	. ZIP CODI				10e CITI	ZEN OF V	WHAT COUNTRY?
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W I	11. MARITAL STATUS	7 21				-								
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ВХ	3 Widowed 4 Divorced		1-5-51	AR OR DATES	2-54		1 TYES	2 NO	Specify:				D T IZ	ly:
	40,00000	V210 ED114								_			עותם	•
COMPLETED	15. DECEDEN (Specify only high	hest grade	completed)	16.	(Give kind of	work done	during mo		g	16b	KIND OF BUS	SINESS/IND	USTRY	
Ш	Elementary/Secondary (0-12)		College (1-4 or 5 +	-)	life. Do NOT u	se retired.	)							
Ē	9th				JANIT	OR_				P	VT			
Ş	17. FATHER'S NAME (First, Middle,	Last)						16. MOTI	TER'S NAM	AE (First,	Aiddle, Maiden	Surname)		
ш	RICHARD SPE	RIGG	S					EI	LLA	J.	DUCKE	TT		
00	19a. INFORMANT'S NAME (Type/F	Print)			19b. MAILING	ADDRES	SS (Street a	nd Number	or Rural R	oute Num	per, City or Tow	n, State, Zip	Code)	
2	MILDRED WAI	KER									TIMOR			215
				T						1				
	204 METHOD OF DISPOSITION 149 Burial 2 Commetion 3	3 🗆 Remo	ovel from State		ACE AND DATE y, crematory or o	ther place	9)			DAT		CATION -		
	4 Donation 6 Other (Spe			FT	LIN	COLI	V CE	METI	CRY	13-	2 <b>3-</b> 92	, br	ent	wood, md
	21. SIGNATURE OF PUNERAL SE	BIVICE LIC	a V	110	/	22	. NAME A	O ADDRES	SPF FB	J	ENKIN	S FU	INER	AL HOME
	N. Many	/	11/2	V S							D, LA			
-	granny.	4	1-ru											110 1070
	23. PART I. Enter the disease shock, or Ment	failure.	List only one cau	se on each	e death. Do i	not ente	or the mo	de of dyl	ng, such	as care	llac or respi	ratory arr	eat,	Approximate interval Batwe
	IMMEDIATE CAUSE (Final				9	1	1	1 1						Onset and Dea
	disease or condition		C	BSV	200	.0	01	li'u	12	1.				į
	resulting in death)		DUE TO	OR AS A CO	NSEQUENCE O	FI:	- //		-					
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9	CAUSE (Disease or Injury	5												
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ERTIFIC	CAUSE (Disease or injury		DUE TO	(OR AS A CO		F):					0			
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent c  25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pend Invest Succident Invest Succident Su	ding stigation id not be mined  NO PHYSIC EXAMINES  CERTIFIER  RSON WHO	HOSPITAL: Inpetion 2 28. DATE OF (Month, Dutiding, CIAN: To the best of R: On the best of example o	DER/Outpaties  INJURY  ey, 'ber')  FINJURY  etc. (Specify)  my knowledg  camination an	not resulting  nt 3 DOA 28b. TiM IN. At home, farm, e, death occurr d/or investigation (ITEM 27) (Type	OTHE 4 No. No. No. No. No. No. No. No. No. No.	28. PIER: rraing Hom 28c. INJ WC 1 Ctory, offic	ACE OF D  S Re URY AT RK7 (ES 2 0  end place, eath occur	EATH (Cheeledence I NO and due I and due I see at the I	Part I.  ck only or  8 Other  28d. DE:  28f. LOC  City  to the cau	24a, WAS AN PERFOR 1 TYPES 2  (Specify)  (CRIBE HOW II  ATION (Street or Town, State)	AUTOPSY IMED?  I NO  NJURY Occ  Ind Number	24b  CURED  or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,

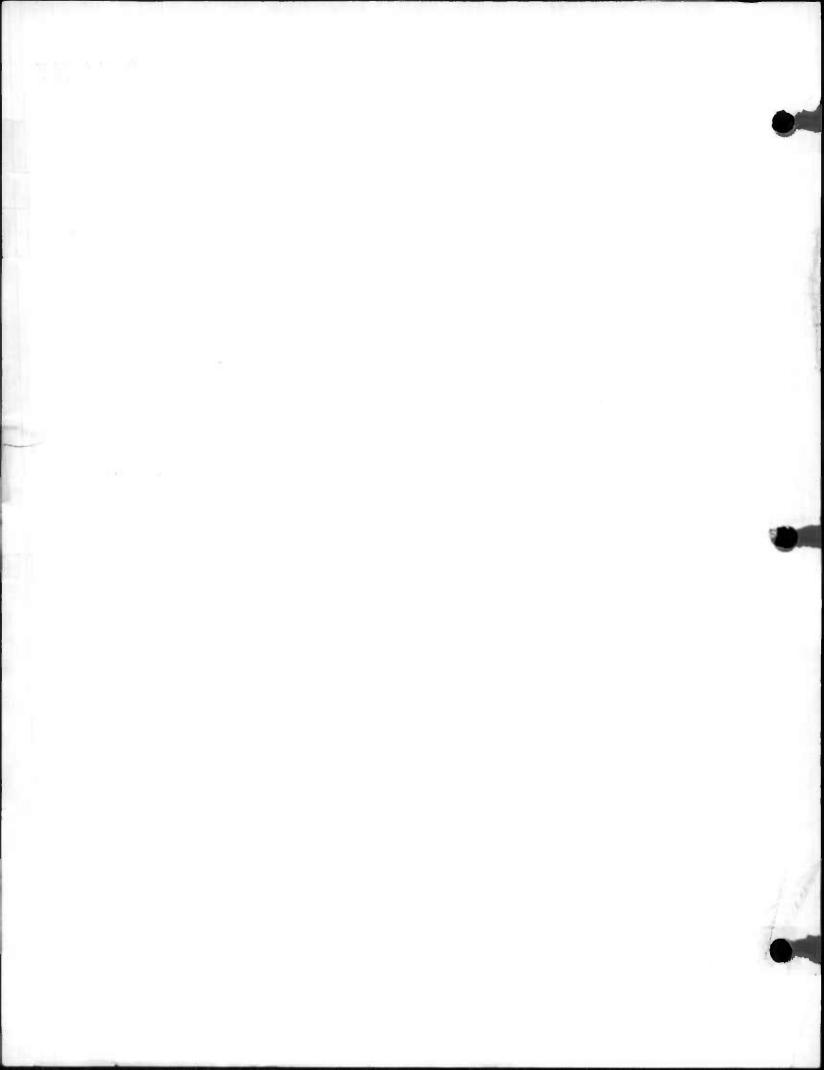


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
in 241 ars aft	ely filled in by nation, or remo	i, the medica	
executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	umatic event	
th certificate by	ending physicial I Hygiene prior	or other tra	
that the dear	ned by the att	any injury,	
e law requires	has been sign Dept. of Heal	1 23 shows	
YSICIAN: The	s certificate th the State	ed, or item	
TENDING PH	TOR: After thi	8 Is marke	
SPITAL DR AT	HERAL DIRECT	IT: If Item 2	
TO THE HOS	TO THE FUN be filed with	IMPORTAN	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		C	EHIIF	ICALI		DEA	ΙП		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last								2. DATE OF DEATH DAY YEAR			YEAR	3. TIME OF DEATH
	OSCAR REX STORY	5. SEX	0.405.45				T		MARCH 17. 1992			12:30PM	
	531-38-6083	5. SEX	6. AGE (In yrs. le.	st birthday) YRS.	IF UNDER	DAYS		MIN.	(Month,	Day, Year)	2.2	Count	HPLACE (State or Foreign ry) RY, NEBRASKA
	9e. FACILITY NAME (If not institution, give	21	58		9b. CITY	r, TOWN	OR LOCATI	ION OF DE		9, 19		NTY OF D	
DIRECTOR	NIH, THE CLINICA			,	ESDA,					rgom			
<u>ا</u>	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOC	ATION						10d. INSIDE CITY
	COLORADO  10s. STREET AND NUMBER	FOI	RT CO		ENS				10- 017	TYPN OF	LIMITS?  1 X YES 2 NO WHAT COUNTRY?		
FUNERAL	700 RICHARDS LAK	E ROAD					30524					SA	WHAI COUNTRY?
BY FUR	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	NO		If yes, s		en, Mexica	n, Puerto Ric		Yee or No— 14. RACE — American Indien, Black, White, etc.  Specify: WHITE				
COMPLETED	15, OECEDENT'S ED (Specify only highest grad		16a, DI	ECEDENT'S	USUAL O	CCUPAT	TION nost of worki	100	16b. F	(INO OF BU	SINESS/IN		
<u> </u>	Elementery/Secondary (0-12)	a. Do NOT 1	sa retired.)	aunng n	nost of work	ng							
틸	12th	4 yrs	REA	ALTOR	-				F.	M. LA	AND C	0.	
į,	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Sumeme)				
BE	George L. St	ory							ieda				
2	190. INFORMANT'S NAME (Type/Print) CAROL STORY								FORT	, - , -			80524
	20s. METHOD OF DISPOSITION				SITION (N	ame of c	cemetery, crei	metory or		20c. LO	CATION -	City or T	own, Slate
	1 Buriel 2 Cremellon 3 X Re 4 Donation 5 Other (Specify)	race) REN-]	EN-BOHLENDER FUNERAL CHA FORT COLLINS COLO								NS COLO		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARShall'S Funeral Home In												
	► ★ Marshall 4217 9th Street, N. W., Washington, D. C. 20011												
CERTIFICATION	shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	FAILURE Ong Outside Org ALLURE ONG OUTSIDE OF SYDRONE Y OUTSIDE OF SYDRONE						YEARS YEARS					
EDICAL C	PART II. Other significant condition	resulting	g in the underlying ceuse given in P			n Part I. 24a. WAS AN AUTOPSY PERFORMED?			24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
Σ									_				1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL					28.	PLACE OF	DEATH (C/	heck only one	)	-	1	
2	EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Oulpatient	3 🗆 DOA	OTHE 4   Nu		ome 5 🗆 R	leeldenca	6 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF GEATH	28a. OATE Of (Month, L		26b. TIA	IE OF JURY	28c. 1	NJURY AT		28d. OESC	RIBE HOW	NJURY O	CUREO	
BY	1 Natural 5 Pending 2 Accident Investigation	1	ouy, roury		M		YES 2	□ NO					
	3 Suicide 6 Could not b	ome, farm,	street, fac	ctory, of	fice		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,		
COMPLETED	cool only	SICIAN: To the best of											(e) and manner as stated.
	29b. BIGMATURE AND TITLE OF CERTIF	IER ()				-	29c. LIC	ENSE NU	MBER	-	29d. DA	TE SIGNE	D (Month, Day, Year)
TO BE	Chotonh H. fours W D36398 mp > 3/18/92								892				
-	30. NAME AND ADDRESS OF PERSON V	/_											20022
		URSY, UP				TLL	E PIK	E, B	ETHES	DA, M	LARYL	AND	20892
	MAR 2 3 19	92 32. DEGISTA	AR'S O'GNATURE	-Pand	all								





TO THE HIGHTAL OR SITTENDIAGE DAYS (F) An law mentions that the death certificate he executed within 24 hours often death. Date & man he sectiond he she has	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the imedical huminer must be notified at once.
thad within 24 hours other	completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, av remotive	c event, the medical
death certificate he execu	e attending physician and	Aental Hygiene prior to bus	ury, or other traumati
The law remines that the	ite has been signed by th	ate Dept. of Health and N	em 23 shows any Inj
ATTENDING PHYSICIAN	CTDR: After this certifica	s after death with the St	28 is marked, or it
THE HOSPITAL OR	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If Item

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			OF HEALTH AND OF DEATH	MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)  PAUL H. SCHUELER  2. DATE OF DEATH MONTH DAY YE 3 22 9									
	4. SOCIAL SECURITY NUMBER 096-26-5552	10420F 5	yrs. last birthday) YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS, DAYS HOURS MIN,	7. DATE C (Month) 04/0	DE BIRTH Day, Year) 03/33		NEW Y	ACE (State or Foreign YORK
TOR	99. FACILITY NAME (If not Institution, give str UNIVERSITY HOSPITA RESIDENCE OF DECEMENT	,			OWN OR LOCATION OF DI	EATN		9c, COUNT		
DIRECTOR	MARYLAND HOWARD	)		Y, TOWN OR	LOCATION					d. INSIDE CITY LIMITS?
UNERAL	5632-253 STEVENS I				101. ZIP CODE 21045			10g. CITIZE		T COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed X(X) Divorced	12. WAS DECEDENT, EVER IN FORCES? 1XXYES IF YES, GIVE WAR OR DATE 3/4/53-3/3/5	TES	13. W/	AS DECENDENT OF HISPAI res, specify, Cuben, Mexica YES 2 14 NO Specif	? (Specify Yes Ican, etc.)	or No—	4. RACE — Black, W Specify:	American indian, thite, etc.	
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S (Give kind of life. Do NOT us	work done du se retired.)	ring most of working		KIND OF BUS	INESS/INDUS	STRY	MILLIE
E COMPL	17. FATHER'S NAME (First, Middle, Lest) HENRY P. SCHUELER	2	ELECTRO	NICS	TECHNICIAN  16. MOTNER'S NA  ALMA FO			Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print) AMBER BEALL				Street and Number or Rural	Floute Numbe	-		ode) 20724	
	20a. METHOD OF DISPOSITION 1	Vel from State BAL	PLACE AND DATE	WASH I	ON (Name of NGTON CREMA	TORY	20c. LOC	REL,	ly or Town,	State
	21. BIOMATURE OF FLINEBAL BEBRUCE DACK	Deleasle	Ry	FL   76	ME AND ADDRESS OF FA ECK FUNERAL O1 SANDY SP	HOME	ROAD	LAHR	EL. N	4D 20707
	23. PART . Enter the diseases, or conshock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplications that caused lat only one cause on c	ELL	TUI	ne mode of dying, auc	h ea cardi	ac or reapir	relory arrea	11,	Approximate interval Between Onset and Dast
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O					13			
: MEDICAL C	PART II. Other significant conditions Obesity Prostate Co	contributing to deeth bu		In the unde	orlying cause given in		PERFORMED?		CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH?  YES 2 NO
YSICIAN:		HOSPITAL:	tient 3 DOA	OTHER:	26. PLACE OF DEATH (Ch					
ву Рну	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)						JURY OCCU	RED	
ETED	3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY building, etc. (Specifi	At home, lerm,	itreet, factory	r, office		TION (Street as Town, State)	nd Number or	Rural Route	e Number,
COMPLE		IAN: To the best of my knowle : On the basis of exemination								d menner ee stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER WAYY - CLAYTE	FOSCUL 07D 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Pay, Year) > 3(22/92)								

120 S. GREENE ST



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT O		MENTAL HYGIEN		10201							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH							
	WALTER	? ANDOLPH	THOM	12.5	/		EAR 8:53 P M							
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In y	B.	BIRTHPLACE (State or Foreign										
	213-18-7376  Se. FACILITY NAME (If not institution, give str	1 M 2 □ F 76		YN OR LOCATION OF DE	July 25,	1915	Country) Virginia							
DIRECTOR	ST MARYS	HOSPITI		ONARD	4	ST,	MARYS							
JE C	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR L		10d. INSIDE CITY									
	Maryland St. M	Mary's	Piney			LIMITS?								
FUNERAL	10e. STREET AND NUMBER				10g. CITIZEN	OF WHAT COUNTRY?								
EH	P.O. Box 233			20674		U.	S.A.							
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED 13. WAS		NIC ORIGIN? (Specify Yas		BACE — American Indian							
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	S 1	, specify Cuban, Mexica YES 2 NO Specify	in, Puarto Rican, etc.) y:		Black, White, etc. Specify:							
		World War II		Λ			White							
TED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 16 completed)	Se. DECEDENT'S USUAL OCCUI (Give kind of work done durin	ATION most of working	16b. KIND OF BU	SINESS/INDUS	TRY							
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)			_								
MP	8th Grade		Fire Fighter		U.S.	Govern	ment							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	,								
BE	Harris Randolp	oh Thomas		Ida	Catheri	ne M	cCrea							
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDRESS (St				de)							
-	June A. Thomas		P.O. Box 23.	B, Piney P	oint, Mary	land	20674							
	20e. METHOD OF DISPOSITION 1 M Buriel 2 □ Cremation 3 □ Remo		ACE AND DATE OF DISPOSITIO	(Name of	OATE 20c. LO	CATION — City	or Town, State							
	4 1 Donation 5 D Other (Specify)	Cha	rles Memoria	GArdens	3/26/92 L	eonard	town, Maryland							
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	22. NAM	E AND ADDRESS OF FA	CILITY									
	Mickey K	Jardine			rdiner Fun Leonardto									
	23. PART V. Entar the diseases, or co	omplications that caused th	ne death. Do not anter the	mode of dving, suc	h as cardiac or reso	WII, MIC	ryland 20650							
	snock, or hasrt fallure. L	ist only one cause on each	lina.	,,,,,,			interval Between							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Restivatory Failure Scrowday for													
	resulting in daeth)  s. Due to (or as a consequence of):													
-	Sequentially list conditions,  Due to (or as a consequence of):  MAGGIVE Learning MS SCOONSE, DUE TO (or as a consequence of):													
Õ	Sequantially list conditions, if any, leading to immediate	Non	2											
¥	cause. Enter UNDERLYING													
三	CAUSE (Disease or Injury that initiated events													
CERTIFICATION	resulting in death) LAST													
¥	PART II. Other aignificant conditions	contributing to death but	not reaulting in the under	ying ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO							
움	CONONS		25 cm		1   YES 2	I NO	COMPLETION OF CAUSE OF DEATH?							
M	Chronic	about	grimo Do	165 C)			1  YES 2  NO							
PHYSICIAN: MEDIC														
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPUAL:		. PLACE OF DEATH (Ch	eck only one)									
YSI		1 Dispatient 2 ER/Outpatie	ent 3 DOA 4 Nursing	6 Other (Specify)										
H	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c	INJURY AT WORK?	28d. OEŞCRIBE HOW I	NJURY OCCUR	EO							
8	1 Netural 5 Pending 2 Accident Investigation			YES 2 NO										
ED	3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, factory,	office	261. LOCATION (Street a City or Town, State)		Rural Route Number,							
	4 Homicide determined				only or town, onero,									
P	29a. CERTIFIER 1 X CERTIFYING PHYSIC	nner ea stated.												
COMPLET				euse(s) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM			GNED (Month, Day, Year)							
	IM	ce ner												
띪	0 36600 05/2													
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type Print)	D /	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
		and the same of th												
		in meh	12 mi		ardtown, M									
		and the same of th	12 mi											

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מבר ווויסיור, ווויסיור, ביורים	24 hours after death. Page 6 may be retained by the hospital or attending physician.	r filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.
DATE OF THE COURT, TO THE COURT OF THE COURT	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

COMPLEIED	29a. CERTIFIER (Check only one)  1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)												
0	1 Neturel 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	(Month, D		INJ	M	1 🗆	YES 2	□ NO	28f. LOC	CATION (Street or Town, State	and Number		e Number,
TSICI	EXAMINER?  1 VES 2 AO  27. MANNER OF DEATH	HOSPITAL: 1   inputient 2		DOA 26b. TIM	_	A:	10 5 🗆 R	2.7.e-	6 🗆 Oth		INJURY OC	URED	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF I	DEATH (C	heck only o	ne)			
PHTSICIAN: MEDICAL		MOMIN	deetn but not	reeuiting i	in the u	nderlyin	g cause	given in	Part 1.	24a. WAS AN PERFOI 1 VES	RMED?	AN CC Of	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DIMPLETION OF CAUSE F DEATH?  YES: 2 NO
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):												ERE AUTOPSY FINDINGS
ALION	Sequentielly list conditions, If any, leading to immediate cause, Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	immediate cause (Fine) disease or condition resulting in death)  • Congertie heart failure												Interval Between Onset and Death
	23. PART I. Enter the diseases, or c				5	130	Wisc	onsi	in Av		Vashi		D.C. 2001
	204-METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		of Lake		°C'en	eter	У	SS OF FA	3/2	4 Dov	er, I		State
2	James Thomas  2002 Labrador La., Vienna, VA 22182  2004-METHOD OF DISPOSITION  2006, PLACE AND DATE OF DISPOSITION (Name DATE   2006, LOCATION — City or Town, Starts												
ם ב	17. FATHER'S NAME (First, Middle, Maiden Surneme)  Zadock H. Postles  18. MOTHER'S NAME (First, Middle, Maiden Surneme)  Virginia L. Hudgins  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Bural Boutle Number City or Town, State Zio Code)												
COMPLEIED	Elementary/Secondary (0-12)  College (1-4 or 6+)  Homemaker  Own Home												
בה פו	3 🔯 Wildowed 4 🗌 Diverced  15. DECEDENT'S EDUC (Specify only highest grade of the control of t		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON at of world	na	16b	. KIND OF BU	SINESS/IND		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TONERAL	5215 W. Cedar La  11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	YES 2 X	MED 10	- 9	If yes, sp	ENDENT (	n, Maxica	in, Puerto I	i? (Specify Yes Rican, etc.)			American Indian, hite, etc.
	10e. STREET AND NUMBER		ZIP COD					EN OF WHA	T COUNTRY?				
DIRECTOR	10a. STATE 10b. COUNTY	gomery			TY, TOWN OR LOCATION  Bethesda							1.35	I. INSIDE CITY LIMITS?  YES 2 NO
5	CARRIAGE HILL-B	ETHESDA				BE.	THES	DA			МО	NTGOM	ERY
	579-62-6547  9a. FACILITY NAME (If not institution, give str	1 M 2 F	92	YRS.	9b. CITY	DAYS	R LOCATI	MIN.		19,1		Mathe	ews Co., VA
	VIRGINIA P. TH	6. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		Mar 7. DATE	OF BIRTH	7, 199		CE (State or Foreign
									MONTE	H D		YEAR	1 . 1/1 A

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 H au M 8805

32. REGISTRAR'S SIGNATURE

'92

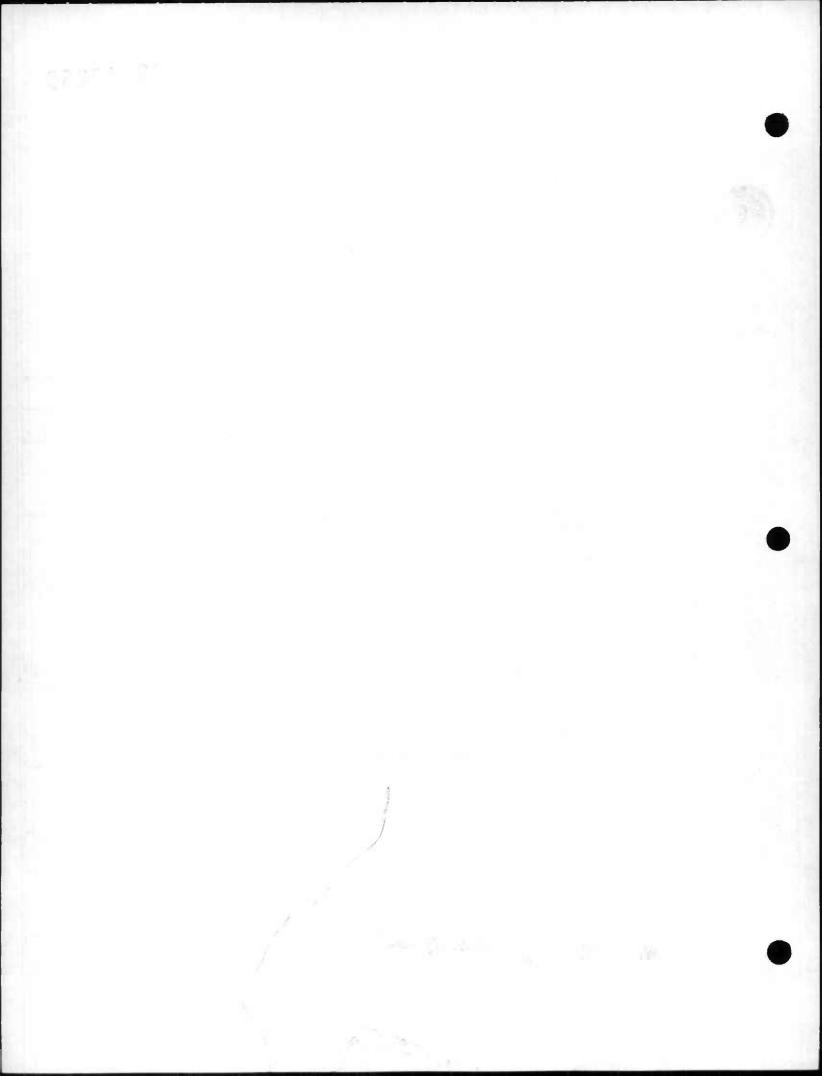
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Section Commence

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	I
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	124	y file	tion.	the	I
	within	nplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,	
	cuted	00 p	urial,	tic e	I
	e exe	an an	r 30 b	EE.	l
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	certifi	d Buil	ygien	othe	l
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	HEGISTHAR		CE	RIIF	ICATE O	DEATH		REG. NO					
	1. DECEOENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF D	EATH	_
	BENJAMIN	B. TREA	DWELL,	TR				March 25, 1992				4	••
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTN			5:30	A	INC		
	577-01-1003	1 ▼ M 2 □ F		YRS.	MONTHS DAYS	HOURS MIN.	(Monti	h, Day, Year)		Country)	LAGE (State o	or Foreign	
	9a. FACILITY NAME (If not institution, give s		83	ino.			Fe	b. 8,1	909	A1	abama		
or	N .					OR LOCATION OF E	EATN		9c. COUNT	Y OF DEA	ATH		
ō	5208 Andover Road	1			Chevy (	Chase			Mont	tgome	ery		
ក្ត	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	,											_
DIRECTOR	1				Y, TOWN OR LOC	1997					IOd. INSIDE C		
		gomery		Che	evy Chas	e				1	X YES 2	□ NO	
A	10s. STREET AND NUMBER				1	Of. ZIP CODE			10g. CITIZI	EN OF WN	AT COUNTRY	Y?	
FUNERAL	5208 Andover Ro	ad				20815			U. S	S.A.			
5	11. MARITAL STATUS	12. WAS DECEOENT &	VER IN U.SVARN		13. WAS DE	CENDENT OF NISPA	NIC ORIGIN	7 (Specify Ver			- American I	ndlee	-
	1 Never Married 2XX Married	FORCES? 1 [		)	If yes, s	pecify Cuban, Maxic	an, Puarto I	Rican, etc.)		Black,	While, etc.	Trutteri,	
B∀	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:												
COMPLETED	15. DECEDENT'S EDU	CATION	16a, DEC	EDENT'S	USUAL OCCUPAT	ION	103	KIND OF BUS	WEEC WIND!	OTOW	White		_
E	(Specify only highest grade Elementary/Secondary (0-12)		(G/v	a kind of a	work done during n	lost of working	100	KIND OF BU	SINCSS/INDO	SINI			
2	Constitution of the control of the c	College (1-4 or 5+)											
M	17. FATHER'S NAME (First, Middle, Last)	4						C & P	Telep	hone	Co.		_
	Benjamin Beers	Page - Jan - 11				18. MOTHER'S N			our remay				
BE		rreadwell						Mc Le					
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural			n, State, Zip C	ode)			
	Benjamin B. Trea		I 1	727	Mesa Di	., Rapid	City	y, SD	5770	2			
	20e METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rame		20b, PLACE AF	ND DATE O	OF DISPOSITION (	lame of	OATI	20c. LO	CATION — CI	ty or Town	n, Stata		
	4 Donation 5 Other (Specify)	OVAL TOTAL STATA	Parkla	atory or of	her place) Memoria	Park	3/30						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE												_
	Da: 0 0	Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, DC 20016											
$\dashv$	Michael	c. he	llon		5130	Wisconsi	n Ave	e, NW, W	ashin	gton	,DC 20	0016	
	23. PART I. Enter the diseases, or c	Dmplications that ca	bused the dea	th. Do n	ot enter the m	ode of dying, suc	ch as card	lac or reapl	ratory arres	st,	Approx		
	ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final												n
	disease or condition Cardiac arrect											and Dea en	LT1
	resulting in death)  OUE TO (OR AS A CONSEDUENCE OF):												
- 1	Arteriosclerotic heart disease												
CERTIFICATION	Sequentially list conditions,												
A	If any, leading to immediate cause. Enter UNDERLYING												
윤	CAUSE (Disesse or Injury C.												
Ē	that initiated events DUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST												
9		1											
- 11	PART II. Other significant condition	s contributing to de	th but not re	suiting i	n the underlyin	ig ceuse given in	Part I.	24s. WAS AN	AUTOPSY	24h W	ERE AUTOPS	/ EINDING	
DICAL	Rheumatoid arth	ritis						PERFOR		A	MAILABLE PRI	OR TO	
							-	1 NES 2	X NO		OMPLETION OF DEATN?	T CAUSE	
Σ							_			1	TYES 2	NO	
HYSICIAN:													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C	eck only on	)					
2	1 TYES 2 X NO	1 Inpatient 2 ER	/Outpatient 3	DOA	OTHER:	ne K Raaldenca	8 🗆 Other	(Specify)					
	27. MANNER OF DEATH	28a. DATE OF INJ		28b. TIME	E OF 28c, IN	JURY AT		CRIBE NOW IN	JURY OCCU	RED			
2	1 Netural 5 Pending	(Month, Day, 1	ear)	INJ		YES 2 NO	reso no						
	2 Culaida	2 Recitions 288 PLACE OF IN HIRV At home from short facts Mr.									. 44 4		-4
i	4 Nomicide 6 Could not be	building, etc.	(Specify)			-		r Town, State)	nd Number or	nurai nou	ie rumber,		
4	29a. CERTIFIER X												
틸	(Check only	CIAN: To the best of my	knowladge, deat	h occurre	d at the time, dat	and place, and due	to the cau	se(a) and man	ner as stated				
29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)									due to the	ause(s) a	nd menner a	n stated.	
	296. SIDNATURE AND TITLE OF CERTIFIER	-00						T			fonth, Day, Yes		-
H 1	Johns	- · Just	afon	, K	1.17-	29c DISU49	,						
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CADSE O	F DEATH OTEM	27) (Tune	Print)	l			- Ma	LCII	25, 1	39Z	4
			V										
	John F. Gustafson 31. DATE FILED (Month, Day, Year)		480 W15	cons	sin Ave	, NW; Ch	levy (	Chase,	MD 2	0815			
31. DATE FILED (Month, Day, Year)  32. AEGISTRAY'S SIGNATURE  GENERAL STATES SIGNATURE  GENERAL													



IN IDINGOLI OLI AN PRIMITA DA RELLA DELLA	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 man pare 8 may be regained by the brossists or as
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEP CERT	ARTMEN	T OF H	BEALTH A	ND MEN	ITAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)						2.1	2. DATE OF DEATH 3. TIME OF DEATH			3. TIME OF DEATH	
	John Keenar	TAYLOR					1	March 26, 1992			6:55 A. M	
		1	6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   MONTHS   DAYE   HOURS   MAIN				HRS. 7. C				IPLACE (State or Foreign	
	213-30-3420	1 🖾 M 2 🗆 F 7 9	YR!	B. MONTHS	DAYS	HOURS &	MN. Ai	ig 14, 1	912		land	
~	Sa. FACILITY NAME (If not institution, give stre	et and number)		9b. CIT	Y, TOWN	OR LOCATION	OF DEATH		9c. COU	NTY OF D	EATH	
P	12816 Tern Drive Gaithersburg Montgomery											
<u> </u>	10e. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
10	Maryland Montg	omery	G	aithe	rsbu	re					LIMITS?	
AL	10e. STREET AND NUMBER					ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL DIRECTOR	12816 Tern Drive		20878 U.S.A.									
J.	11. MARITAL STATUS 1 Never Married 2 X Married FORCES? 1 YES 2 X No.			MED 13. WAS DECENOENT OF HISPAN II yes, specify Cuben, Maxica				NIC ORIGIN? (Specify Yes or No.— 14.			- American Indian,	
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES			1 WES 2 NO Specify				y:			ty:	
	15. DECEDENT'S EDUCA	IT'S USUAL OCCUPATION				16b, KIND OF BUSINESS/INI			White			
ET	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 6+)	(Give kind	of work done use retired.	during mo	st of working		160. KIND OF BU	SINESS/INC	DUSTRY		
AP.		5+	Chemi	st				U.S.	Gove	rnmer	n t	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	'S NAME (F	irst, Middle, Maiden		rinci	10	
BE (	Francis Stuart Taylor							bel Markward				
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	NG ADDRES	S (Street a			Number, City or Tow		Code)		
-	Helen A. Taylor		1281	Ter	n Dr	Gait	hersb	urg, Ma	rylar	nd 20	878	
	20e. METHOD OF DISPOSITION  1 XBuriel 2 Cremation 3 Ramov	al from Stata cem	PLACE AND DA	v other place	1		1		CATION —			
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	Da	rnesto	m Pr	esby.			3/28 Gai	ther	sbur	g, MD	
	150	70		Ď	e Vol	l Fune	ral H	lome				
	X.C. Ja	<del>\</del>	M008	96 1	) E.	Deer :	Park	Dr. Gai	thers	burg	, MD 20877	
	23. PART i. Enter the disesses, or constitute. Listing in death)  23. PART i. Enter the disesses, or condition resulting in death)	oue to (or as a	stale	Ca	MC		such aa	cardiac or reap	iratory ari	rest,	Approximata interval Batween Onset and Dasth	
CERTIFICATION	Sequentielly ilet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death b	ut not resultin	g in the u	nderiying	ceuse give	n in Part	24s, WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:				ACE OF DEATH	H (Check on	y one)				
YSI	1 D YES 2 XNO	☐ Inpatient 2 ☐ ER/Outp	atient 3 🗆 DOA	OTHE		6 X Reside	nce 6 🗆 C	Other (Specify)				
F	27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)		IME OF NJURY	28c, INJU		28d.	28d. DESCRIBE HOW INJURY OCCURED				
BY	2 Accident Investigation	1  X   Natural 5   Pending				ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	— At home, term	ne, term, street, factory, offica			26t.	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one)  1											
	296. SIGNATURE AND TITLE OF CERTIFIER	Comment Hall										
R	(ANICO)			29c. LICENSE NUM				1.0			BIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM 27) (7)	pe, Print)	D324			March 26, 199			26, 1992	
	Joseph M. Haggerty	, M.D. 14808	B Physi	cian'	s I.n	. Rock	vi114	. Maryl	and	2025	,	
	31. DATE FILEO (MONTH, Day, Year) MAR 31 '92	32. REGISTRAR'S SIGNA	TURE Rand	DE			· · · · · · · · · · · · · · · · · · ·	A AIGH Y I		<u> </u>		



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	2	(	7
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STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	FRTIFICATE	OF DEAT	THE STATE OF		-

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	TMENT OF H	EALTH AND	MENTAL HYGI		- 102	- / /
	1. DECEDENT'S NAME (First, Middle, Last) Milton	L. The	ompson			2. DATE OF DEATH MONTH March		3. TIME OF	
	4. SOCIAL SECURITY NUMBER 578-10-6430	1 ▼ M 2 □ F 8.	(In yrs. lest birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Dec. 7,		8. BIRTHPLACE (State Country) Maryland	to or Formion
TOR	99. FACILITY NAME (II not institution, give s 819 Richmond A RESIDENCE OF DECEDENT				Spring	EATH		ntgomery	
- DIRECTOR		tgomery		town or Locat Silver				10d. INSID LIMIT 1 TY YES	\$7
FUNERAL	819 Richmond			101	20901			EN OF WHAT COUNTY	TRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	Il yes, sp	ENDENT OF HISPAI ecify Cuben, Mexica 2X NO Specifi	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yee or No	14. RACE — America Black, White, etc Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Sacondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S L (Give kind of we life. Do NOT use Supervis	ork done during mo: retired.)	DN st of working	100000000000000000000000000000000000000	BUSINESS/INDU Guburba		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Granville	J. Thompson				AME (First, Middle, Meld. a Johnsor	ion Sumeme)	Commiss	lon
TO B	190. INFORMANT'S NAME (Type/Print)  Mary R. Thompson	ı	19b. MAILING / 819 R	ichmond	Avenue,	Route Number, City or Silver S	fown, State, Zip (	Md. 209	01
	20e METHOD OF OISPOSITION 1 (3) Burlal 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	p. PLACE AND DATE OF petery, crematory or oth 1101 Ceme	DISPOSITION (Na er place) Cery				ille, Md	
	21. SIGNATURE OF FUNERAL SERVICE LIC	EW.	isor	Hines, 11800	N.H. Av	Funeral e., Silve	r Spri	ng, Md.	20904
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cardiac	ech line.	- 03£	de of dylng, suc	h se cerdiec or re	spiratory stre	inter	oximeta vei Between et and Daath
ATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	AG Dia	CONSEQUENCE OF						
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				<u> </u>		
AL.	PART II. Other significent condition	s contributing to death b	ut not resulting in	the underlying	ceuse given in	Part i. 24a. WAS. PERF	AN AUTOPSY ORMED?	24b. WERE AUTO AVAILABLE F COMPLETION	PRIOR TO
PHYSICIAN: MEDIC							2 960	OF DEATH?	2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outp	etlent 2 DOA	THER.	ACE OF DEATH (Che				
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	IRY AT	6 Other (Specify) 28d, DESCRIBE HOV	Y INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atr		ES 2 NO	28t. LOCATION (Street City or Town, Ste	et and Number or te)	Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only Other) 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	ledge, death occurred	at the time, date of	and place, end due	to the cause(e) end n	renner se stated		
8	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			SIGNED (Month, Day,	
۹ ا	30. NAME AND ADDRESS OF PERSON WHO Smith Ho, M		ATH (FTEM 27) (Type, P		koma Par	k, Md.	1 3	126/76	6, c
	31. DATE FILED (Month, Day, Year)  MAR 27 'Q2	32. REGISTRAR'S SIGNA			-				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a resource after death. Page 6 may be retained by the hospital or attending physician.

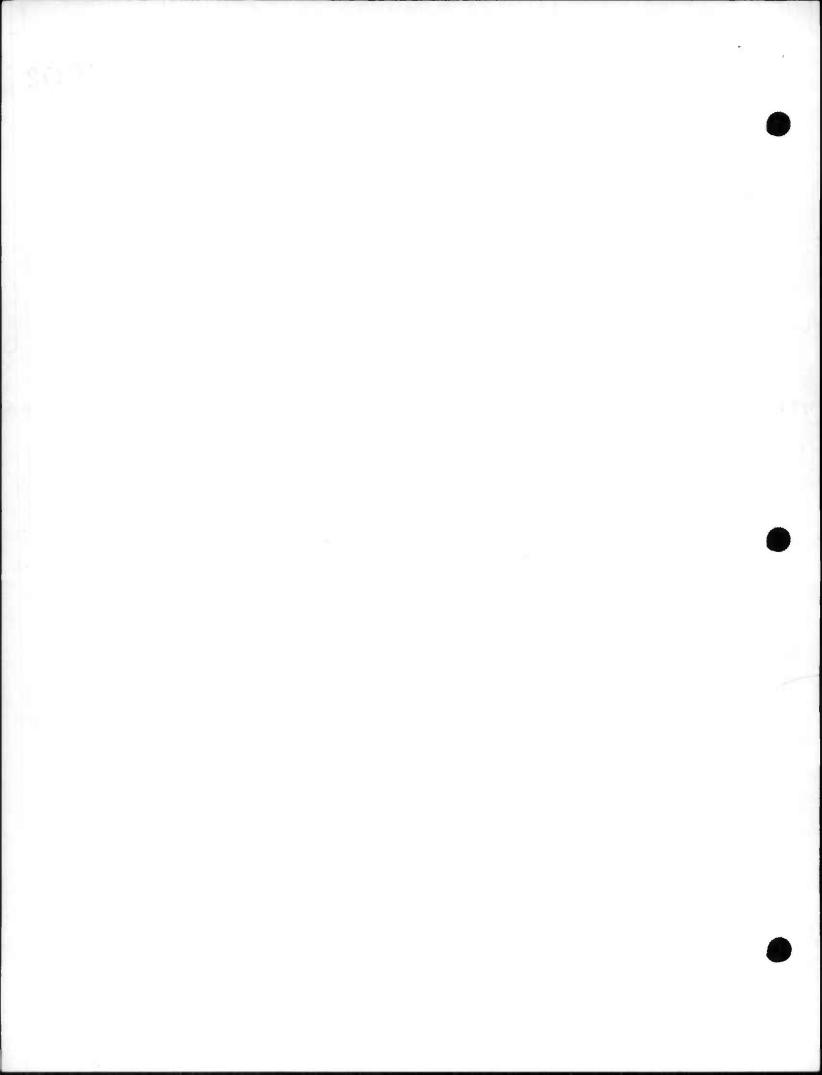
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF	DEATN	NY.	YEAR	3. TIME OF DEATH
	yn A.	Trexel								April	I	,	1992	5:05 A. M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (	In yrs. les		IF UNDE			ER 24 HRS.	7. DATE OF (Month, De	BIRTH sy, Year)		6. BIRTI Count	NPLACE (State or Foreign
214-18-7561		1 □ M 2 🔯 F		70	YRS.	6	1	HOOK	mile.	(Month, Di Sept.	30,1	921	Ma	ryland
9a. FACILITY NAME (If not in						9b, CIT		VN OR LOCA		EATN		9c. COL	INTY OF C	
6406 White 1		oad					S	ykesi	rille				Car	roll
RESIDENCE OF DEC	10b. COUNT	1			10c. CIT	Y, TOWN	OR LO	CATION						10d. INSIDE CITY
Maryland		Carroll						kesvi	11e					LIMITS?
10s. STREET AND NUMBER							Ť	101. ZIP CC				10g. CIT	IZEN OF	WHAT COUNTRY?
6406 White	Rock	Road							217	84			U.S	.A.
11. MARITAL STATUS	arated	12. WAS DECEDER	NT EVER II	N U.S. AR	MED	13	WAS	OECENDEN	OF NISPA	NIC ORIGIN? (S	Specify Yes	or No-	14. RAC	E — American Indian, k, White, stc.
11. MARITAL STATUSSED		FORCES?	MAR OR D	2 f A	10			yes 2 N N		in, Puerto Rica	n, etc.)		Spec	th.
3 Widowed 4 Divo	rced	world	war .	II						,				White
15, OEC	EDENT'S EDU y highest grade	CATION completed)		16a. DE	CEDENT'S	USUAL O	OCCUP	ATION most of wo	idna	16b. KJI	ND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	IIIo.	Do NOT u	se retired.,	)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
11 yrs.		None			Home	make	er							
17. FATHER'S NAME (First, M								16. M	dna I	ME (First, Midde Smi	lle, Maiden	Surname)		
Hall N. Ak														
Betty Howe				6	406	Whit	ss (Stre	ROCK	Rd.	Route Number, Sykes	Ville	n, State, Z	aryla	and 21784
20a. METHOD OF DISPOSIT  1 M Buriel 2 Crematic  4 Donation 8 Other	on 3 🗆 Rem	oval from State						al Pa						own, State Maryland
21. SIGNATURE OF FUNERA	L SEMMON LIN	периней		1		22		E AND ADD						
Charles	sh	Juni	ca,	h						eral Hearylan		1784		
23. PART I. Enter the d		complications the				not ente	or the	mode of	tylng, suc	ch se cardie	or resp	Iratory e	rrest,	Approximate Interval Between
IMMEDIATE CAUSE (FI			000 011 0		•									Onset and Death
disesse or condition resulting in death)	<b>→</b>	. EM	PHY	151	EM	A								
,			OR AS											
Sequentially list condit	lone C	b												
if sny, leading to imme	diets	OUE TO	O (OR AS	A CONSE	DUENCE C	P):								
Cause. Enter UNDERLY CAUSE (Disesse or Inju		C	OR AS	A CONSE	MENCE C	MEN.								-
that initiated events resulting in death) LAS	т	502 11	on no	A CONSE	20 LIVOL O	,,,								į
	-	d												1
PART II. Other significa		_		but not i	resulting	In the t	under	lying caus	e given in	Part I. 24	Ia. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MAL	TUN-	RITTON	)							1	YES :	-		COMPLETION OF CAUSE OF DEATH?
														1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL							6. PLACE O	DEATH (C	heck only one)				
1 YES 2 THO		HOSPITAL: 1 Inpatient 2	☐ ER/Out	patient 3	□ DOA	4 D		Home 5 5	Residence	6 🗆 Other (S	Specify)			
27. MANNER OF DEATH	George Control	26a. DATE O	F INJURY Day, Year)		28b. TII	ME OF	28c	. INJURY AT		26d. OESCF	NOW	INJURY O	CCURED	
1 Netural 6   2   Accident	Pending investigation	(morati,	-wy, rowr)		."	M	1	YES	NO					
3 Suicide 6	Could not be	26e. PLACE	OF INJUR	Y — At he	ome, farm,	street, fe	ectory,	office		26f. LOCATI	ON (Street Town, State	and Numb	er or Rural	Route Number,
4 Homicide	determined									,				
(Gridon Grin)		ICIAN: To the best												
2 U MEL			examinatio	on and/or	investigati	ion, in my	y opinie				d place, e			(s) and manner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	R	AT	- "	SING			29c.	ICENSE NO	-		29d. D/	TE SIGNE	D (Month, Day, Year)
monus.	410	-10	1105 0-		YSIC		)	7	11	22			7/2	142
Arthur L	RUD	O, MD	524	(-B	M 27) (Typ	42T	74	ORE	Q	D	UES			is 21157
3) PATE FILED (Mooth, Doy,	Year)	Live David	AR'S SIG	andel	e.									



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. OH ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	*	No. 16. 1. 1. 16. 16. 16. 16. 16. 16. 16.
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	1. DECEDENT'S NAME (First, Middle, Last	,	CERTIF	FICATE O	- DEATH	2. DATE OF DEATH	).	3. TIME OF DEATH	
	HICE L	lumbe	W	_		MONTH 3 20	1992		
	4. SOCIAL SECURITY NUMBER 577–34–9113	1 🗆 M 2 🕽 F 84	rs. last birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 01-07-08	Co	RTHPLACE (State or Foreign unity) hio	
TOR	9a. FACILITY NAME (If not institution, give Baltimore County RESIDENCE OF DECEDENT		tal		or Location of a	DEATH	9c. COUNTY O	imore	
DIRECTOR	10a. STATE 10b. COUN	roll County		ykesvil				10d. INSIDE CITY LIMITS?	
FUNERAL	10e. STREET AND NUMBER	-			IOI. ZIP CODE		10g. CITIZEN C	1 YES 2X NO	
	7200 Third Avenu				2178		U.S.		
2	1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES :	NO	If yes, t	ECENDENT OF HISP/ specify Cuben, Mexic ES 2 X NO Spec	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)  iiiy:	В	ACE — American Indien, lack, Whita, etc. pec//y; White	
בר	15. DECEDENT'S ED (Specify only highest grad	UCATION 18 le completed)	e. DECEDENT'S	IT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/III					
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	IIIe. Do NOT u	omemake:			omestic		
	17. FATHER'S NAME (First, Middle, Last)	. T 2 11				AME (First, Middle, Maiden			
BE	19a, INFORMANT'S NAME (Type/Print)	Laughton Smit	_	100000000000000000000000000000000000000	Zada Crisp Smith  S (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
2	Mr. Robert Chri	stie		t Rock I		osset, NY 1			
	20a. METHOD OF DISPOSITION  1 General Structure Structur	20b.PL	ACE AND DATE	OF DISPOSITION //		DATE 20c. LO	CATION — City or		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	TIOIT	22. NAME	AND ADDRESS OF F				
	22. NAME AND ADDRESS OF FACILITY Haight Funeral Home (P.O. Box 19 Sykesville, MD 21784 (410)-795-14								
	23. PART I. Enter the diseases, prahock, prheert failure immediate CAUSE (Final disease proposition resulting in death)	complications that caused the List offly one ceuse on each a.  DUE TO (OR AS A CO	wa	not enter the m	ode of dying, au-	ch as cardiec or respi	410)-79	Approximate interval Between Onset and De	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSTOUENCE OF	alsdo	nimal	and e a	Lneury	Sm.	
MEDICAL	PART II. Other aignificant condition	na contributing to deeth but r	um i	in the underlying	ng ceuse given in	Part i. 24e. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDIN AMAIL ABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL								
	EXAMINER?	HOSPITAL:	m 2 🗆 004	OTHER:	PLACE OF DEATH (C				
27. MANNER OF DEATH  28e. DATE OF INJURY (Morith, Day, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?									
IED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, term, s	street, factory, offi	ca	28t. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,	
OMPLE		ICIAN: To the best of my knowledg							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo.

1 '92

32. REGISTRAR'S SIGNATURE Sulia Davidson-Pandalle

General

Cleu. e

	FOR STATE REGISTRAR	STATE OF MARY				DEATH AND	MENT	AL HYGIEN	E J	4	102	74
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	ROBERT EUGE	NE TAYLO	OR, S			2. DAT MON 0.3			YEAR	. TIME OF DE	ATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthde	W) IF LIND	TAY ER 1 YEAR	IF UNDER 24 HRS.	-	20 E OF BIRTH			LACE (State or	A .M
	217-32-4982	17∰XM 2 □ F	55 YRS	MONTHS	DAYS	HOURS MIN.	08-	10-193	6 1	Country) /irgi	lnia	roraigir
OR	9a. FACILITY NAME (If not institution, give s 40 WATKINS PAR				ty, town ( RGO	OR LOCATION OF D	PRINCE GEORGES					is.
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	-										
DIRECTOR		ce George's		never	on Locat	TION					IOd. INSIDE CIT LIMITS?	
4	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF WH	IAT COUNTRY?	
FUNERAL	2902 Tremont Ave					20785			Unite	d St	ates	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	13	If yes, sp	ENDENT OF HISPA	an, Puerto		or No — 1	Black, 1	- American Inc White, etc.	dlen,
D BY	3 Wildowed 4XX Divorced		NO			NO Specif	ry:			Spec#y: Whi		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16e. OECEOENT (Give kind life. Do NOT		e during mo	ON ast of working	16	b. KIND OF BU	SINESS/INDU	STRY		
MPL	12th	0	Manage	er				Dry Cl	eaners	5		
8	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA						
BE	Dwight L. Taylor					Kathryn						
2	Dwight Laylor					at Rd.,					./.	
	20a METHOD OF DISPOSITION 1. Burlai 2 Cremition 3 Repr	20	Ob. PLACE AND DAT	TE OF DISPO	DSITION (No	ime of	OA.	TF 20c LO	CATION — CI	ty or Town	State	
	4 Donation 5 Other Specify)		acey Spr	ings	°) Ceme	etery 03	-24-	92 Lac	ey Spr	ings	, Virg	ginia
	ZIN SIGNATURE OF FORENAL SERVICE LE	CENSEE				IS GASCH						
	11000	Juprum	_	14	730 1	DAT'T ATT	E i	HV A TTC	VITTE	MD	20781	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or reapiratory street, shock, or heart fellurs. List only one cause on each line.  Approximate interval Return.											
	shock, or heart fellura,	complications that cause on List only one cause on	ed the death, De								Approxim	nsta Between
	shock, or heart fellura, IMMEDIATE CAUSE (Finsi	complications that cause List only one cause on Myocardial h	each ilne.	o not ente							Approxim	nsta
	shock, or heart fellura, IMMEDIATE CAUSE (Finsi	List only one ceuse on  Myocardial h	each ilne.	o not ente							Approxim	nsta Between
IION	shock, pr heart fellurs, IMMEDIATE CAUSE (Finsi disesse or condition resulting in death)  Sequentisity list conditions,	s. Myocardial h	each ilne.  Typertrophy	y OF):							Approxim	nsta Between
ICATION	shock, pr heart fellurs.  IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	B. Myocardial h  DUE TO (OR AS  DUE TO (OR AS	each line.  A CONSEQUENCE  A CONSEQUENCE	y OF):							Approxim	nsta Between
RTIFICATION	shock, pr heart fellurs.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. Myocardial h  DUE TO (OR AS  DUE TO (OR AS	each line.  Typertrophy  A CONSEQUENCE	y OF):							Approxim	nsta Between
. CERTIFICATION	shock, pr heart fellurs, IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	Myocardial h  DUE TO (OR AS  b. DUE TO (OR AS  C. DUE TO (OR AS  d.	each line.  Nypertrophy A consequence A consequence A consequence	O not enter	er the ma	de of dying, suc	ch as ce	rdisc or reap	iratory srred	it,	Approxit Interval Onset sa	nste Between nd Death
	shock, pr heart fellure, IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events	Myocardial h  DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d	each line.  Nypertrophy A consequence A consequence A consequence	O not enter	er the ma	de of dying, suc	ch as ce	24a. WAS AN	AUTOPSY	24b. W	Approxis Interval   Onset sr	nate Between nd Death Findings R TO
	shock, pr heart fellurs, IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II, Other significent conditions	Myocardial h  DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d	each line.  Nypertrophy A consequence A consequence A consequence	O not enter	er the ma	de of dying, suc	ch as ce	rdisc or reap	AUTOPSY	24b. W	Approxision of the control of the co	nata Between nd Death FINDINGS R TO CAUSE
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Ifem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Julia Davidson-Randall MAR 27 1992 10

ONMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be execut TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and of be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burn IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic

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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA	RTMEN	T OF H	IEALTH AN	D MENT	AL HYGIEN				- / (	)
	1. DECEDENT'S NAME (First, Mid	idle, Last)		. 10/11	- 01	DEATH	2. DAT	E OF DEATH			2 71045	OF DEAT	PM
- 1	Laura	Elmore	Warren	1			Man	TH D	, 199	YEAR	_	:00	Рм
2	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. lest birthday	) IF UNDER	1 YEAR	IF UNDER 24 HR	7. DAT	E OF BIRTH				State or Fo	-
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	Se. FACILITY NAME (If not institut	tion, give atreet and number)		9b, CITY	. TOWN C	OR LOCATION OF		20, 1	9c. COUN			ansa	5
5	3116 Rolling	r Pood					DERIN						
DIRECTOR	RESIDENCE OF DECED	ENT			ievy	Chase			Mo	ntgo	omer	У	
H		b. COUNTY	10c. C	ITY, TOWN	OR LOCAT	ION					10d. IN:	SIDE CITY	
	MD	Montgomery	C	hevy	Chas	se						ES 2	NO
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZ	EN OF W	HAT CO	UNTRY?	
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¥	17. FATHER'S NAME (First, Middle		Super	visor				Federa		v't.			
	Thomas J. E	,,				1111		Middle, Malden	Surneme)				
8							a Tod						
၉	19a. INFORMANT'S NAME (Type) Ann H. Gatt					nd Number or Ru				Code)			
			PO B	ox Z/	4, G	reen Va	alley	, Ariz.	856	522			
	20a_METHOD OF DISPOSITION 1 ABuriel 2 Cremation	3 🗆 Removal Irom State	20b. PLACE AND DATI	other placel	ITION (Na	me of	1		CATION — C	-			
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	21. SIGNATURE OF FUNERAL SE	0 1 /-	Λ	22. T.O.	NAME AN	Gawle:	FACILITY	ona Te					
	Mucho	ell. The	l do-			iscons				***	DC	200	116
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COMPLEIED	29e. CERTIFIER (Check only	NG PHYSICIAN: To the beat of my	knowledge, death occur	red at the ti	me, data	and place, and d	ue to the ca	use(s) end men	ner ee atate	d.			
5	one) 2 MEDICAL	EXAMINER: On the baels of exami	ination end/or investigat	ion, in my o	pinion, de	eath occured at I	he lime, dat	e end place, en	d due lo the	cause(s)	and mer	ner aa st	ated.
	296. SIGNATURE AND TITLE OF				Т	29c. LICENSE N			29d. DATE				_
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2 ∦	30. NAME AND ADDRESS OF PER	RSON WHO COMPLETED CAUSE OF	A	e, Print)		וונע			Ma	ir.	24,	1992	-
	Thomas C.	Havell, M.D.,	4201 Cath	edral	Ave	,NW,Was	shing	on.DC	2001	6			
	MAR 25	92 Julie L	SIGNATURE Rand	102				, - 0					$\exists$



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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he law requi	e has been s e Dept. of H	m 23 show	
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ATTENDING F	CTDR: After Is after death	28 is mar	
SPITAL OR	INERAL DIRE	NT: If Item	
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31. DATE FILEO (Month, Day, Year)
MAR 23 92

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMENT OF I	HEALTH AND	MEN	ITAL HYGIEN REG. NO		2 10	1276
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH	AV	YEAR 3.	TIME OF DEATH
	ALLAIRE DEVER		WALL					RCH 20.	1992		9:10 AM
	4. SOCIAL SECURITY NUMBER 200-36-6331	5. SEX	6. AGE (In yrs. In 45	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	0	MTE OF BIRTH Worth, Day, Year)	0.47	Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION OF		eb. 1, 1		PERITS	ylvania
DIRECTOR	THE JOHNS HOPKIN	S HOSPITA	AL			RE CITY				TIMORE	
Ē	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWH OR LOCA	TION	_			104	d. INSIDE CITY
400		apahoe		]1	Englewoo					1 [	LIMITS?
FUNERAL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CIT	IZEN OF WHA	COUNTRY?
Ä	1721 East Star					80110				ited S	tates
5	1 Never Married 2 Married		YES 2 2	RMED DNO	Il yes, sp	pecify Cuban, Mexi	ican, Pu	RIGIN? (Specify Yes arlo Rican, etc.)	or No	14. RACE — Black, W	American Indien, hite, atc.
B	3 Widowed 4 KOlvorced	IF YES, GIVE V	MAR OR DATES		1 TYES	NO Spe	cify:			Specify:	White
0	15. DECEDENT'S EDU (Specify only highest grade		18e, D	ECEOENT'S	USUAL OCCUPATI	ON		16b. KIND OF BUS	SINESS/IND	DUSTRY	
W W	Elementary/Secondary (0-12)	College (1-4 or 5	114	GIVE KIND OF V Ie. Do NOT us	vork done during me se retired.)	ost of working					
COMPLETED		4	Ra	anchei	<u> </u>			Horse	Ranci	h 	
	17. FATHER'S NAME (First, Middle, Last)							irst, Middle, Maiden			
BE	Robert Wallace  190. INFORMANT'S NAME (Type/Print)							Grosveno			
2	H. Scott Wallace							Number, City or Town			22222
	20a. METHOD OF DISPOSITION				Highland					<u> </u>	
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cr	remalory or of	of Disposition (N. ther place) / Cremat	orium,	92¦ Inc	OATE 20c. LO		City or Town, a, Mar	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			Rober	ND ADDRESS OF	FACILITY Mph	rey_Fune	ral I	Home/	0814-3501
	Kahuf Fr	mah		M0019	98 7557 Be	thesda- Wiscons	Chev in A	y Chase Ave.,Bet	, Inc hesda	c. a.MD 2	0814-3501
	23. PART I. Enter the diseases, or a shock, or heart fallure.	complications the	t caused the d	eath. Do n	ot enter the mo	ode of dying, su	ich aa	cerdiac or respi	ratory an	reat,	Approximete
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	disease or condition resulting in death)	<u>5e</u>	PSIS								3 days
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듣	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	n.	*					
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SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH	Check on	ly one)			
YSI	1 YES 2X NO	1 A Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER:	e 5 🗆 Residence	6 🗆 0	Other (Specify)			
у РНУ	27. MANNER OF DEATH  1  Natural 5 Pending  2  Applicant Investigation	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIMI	URY WO	PURY AT DRK? YES 2 NO	28d.	OESCRIBE HOW IP	NJURY OCC	CURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE O	F INJURY - At h	ome, farm, s	treet, factory, offic			LOCATION (Street a	nd Number	or Rural Route	Number
1 W I	4 Homicide detarmined	bulling,	atc. (Specify)					City or Town, State)			
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of e									d manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				-	29c. LICENSE N	UMBER		29d. OAT	E SIGNEO (Moi	nth, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUS	SE OF DEATH OVE	MD	Orine)	J3	160	ł	▶ "2	120	192
	600 N. WOLFE STRE	)	TIMORE,								

and the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the time function page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.	" IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
N: The la	ficate has State Deg	Item 2	
PHYSICIA	this certin	rked, or	
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAF ERTIF	RTMEN	T OF H	EALTH DEAT	AND I	MENTA	NL HYGIEN REG. NO.		2	10277
i		ARY	Α.	WIDMA						MONT	CH 24,	199	YEAR 2	3. ТIME OF OEATH 7:20 м
	4. SOCIAL SECURITY NUMBER 212-74-5425	5	5. SEX t ☐ M 2 💢 F	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	APR	E OF BIRTH th, Day, Year) IL 8, 18		WASH	INGTON, D.C.
TOR	90. FACILITY NAME (If not institute MERIDIAN NU RESIDENCE OF DECE	RSING				GTT.LIED GTT.LIE					TGOM			
DIRECTOR		10b. COUNTY	GOEMRY			LVER			_					tod. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	13307 FOXHAL	L DRI	VE				101	. ZIP CODI	20906	5			ZEN OF W	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 M 3 Widowed 4 Divorce		12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 2 X N WAR OR DATES	MEO	If yes, specify Cuben, Mexican, Puerto Rican, etc.)  t ☐ YES 2 ☐ NO Specify: Specify:					— American Indian, , White, etc. y: HITE			
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  HOME					work done ( se retired.)	CCUPATIO during mo	DN st of workin	g	166	b. KIND OF BUS	INESS/IND		111.1.11
BE CON	17. FATHER'S NAME (First, Midde JOHN T.	SHEI	D								Middle, Melden			
10	19a. INFORMANT'S NAME (Type EDWARD J. WI	DMAYE	R (S								eber, City or Town			AND 20906
	20a; METHOD OF DISPOSITION 1	3 🗆 Remo		cemetary, cree FORT	matery or o	OLN	CEME	TERY		3/2	28 BREN	TWOO		
	Livet	tud	J. Car	phel	el	FR 50	ANCI O UN	TVER	COL	LINS	FUNER	CTT	CDD	INC.
	21. PARTY Lenter the disease or condition resulting in death)	er Januare. L	lat only one cau	ANITIO	7	not enter	the mod	da of dyl	ng, suct	h as car	diac or reapli	etory arre	pet,	Approximata Interval Between Onaet and Death
CATION	Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING  CALISE (Disease or Indiro).													
CERTIFICATION	CAUSE (Disease or Injury thet initiated events reaulting in death) LAST  d													
PHYSICIAN: MEDICAL	PART II. Other significent  (1) Mutast			nouna o		the un  Dee	50	eas	+	_	24a. WAS AN A PERFORI 1 YES 2	WED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEXAMINER?		HOSPITAL:	acture		OTHER	26. PL	ACE OF DE		ck only or	-,			
	27. MANNER OF DEATH  1 Natural 5 Per	nding	t Inpatient 2 Inpatient 2 28e. DATE OF (Month, De	INJURY	28b. TIM		28c. INJL WOR	FRY AT RK?			CRIBE HOW IN	JURY OCC	URED	
TED BY	3 Suicide a Co	estigation uid not be ermined	28e. PLACE Of building,	FINJURY — At here	ne, farm, s	street, fecto				261. LOC	ATION (Street ar or Town, State)	nd Number o	or Rural Ro	rute Number,
COMPLETED	2 MEDICA	L EXAMINEA	IAN: To the best of	my knowledge, dea amination end/or in	th occurre	nd at the th	me, date o	end place, ath occure	end due t	to the cau	use(e) end mann end place, end	due to the	d. cause(e)	end manner ee stated.
TO BE	250. SIGNATURE AND EDICE OF	ne	Xu	4				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (	Month, Day, Year)
	ROBERT FILED (MONTH, Day, Yea	764	s, My	18111	Princ	Print) RPL	مزلز و	h	. ,	ola	ey, M	4	208	532_
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funn	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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296.\SIGNATURE AND TITLE OF CERTIFIED

Freedunger

WHO COMPLETED CAUSE OF DEATH JITEM 27) (Type, Print)

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92 10278 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH March 28, 1992 Ralph H. Willett 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 3/16/1910 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 218-20-1479 82 YRS. Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Prince George's DIRECTOR Southern MD Hospital Center Clinton RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Prince George Accokeek 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 422 Bryans Pt. Rd. 20607 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried It yes, specify Cuban, Mexicen, Puello Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Spocmy White LETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Carpenter Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) F Willett BE Virqie Pickeral notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Susie B. Willett Bryans Pt. Rd. Accokeek Md. 20607 Pe 20s. METHOD OF DISPOSITION
1 N Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION — City or Town, State netery, crematory or other place)
Prist Eipsc. 4 ☐ Donation 5 ☐ Other (Specify) Church 13/31 Accokeek Md 21. SIGNATURE OF PERSONAL SERVICELLICENS examiner 22. NAME AND ADDRESS OF FACILITY M00658 Benjamin M.Matthews The Huntt Funeral Home, Inc. P. 0. BOX 156 Waldorf, Md. 20601 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disesse or condition event. resulting in death) Lusk TO (OR AS A CONSEQUENCE Sol traumatic CERTIFICATION for Sequentisity ilst conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury or other that initiated events DUE TO JOR AS A CONSEQUENCE OF resulting in deeth) LAST Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? NO asterios e Derotre Besease 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER Inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 Residence 6 Other (Specify) 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES BY 2 NO 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, d occured at the time, data and place, and due to the ceuse(a) end menner se atated.

29c. LICENSE NUMBER

Brandywire

29d. DATE SIGNED (Month, Day, Year)

20613

March 28 1992

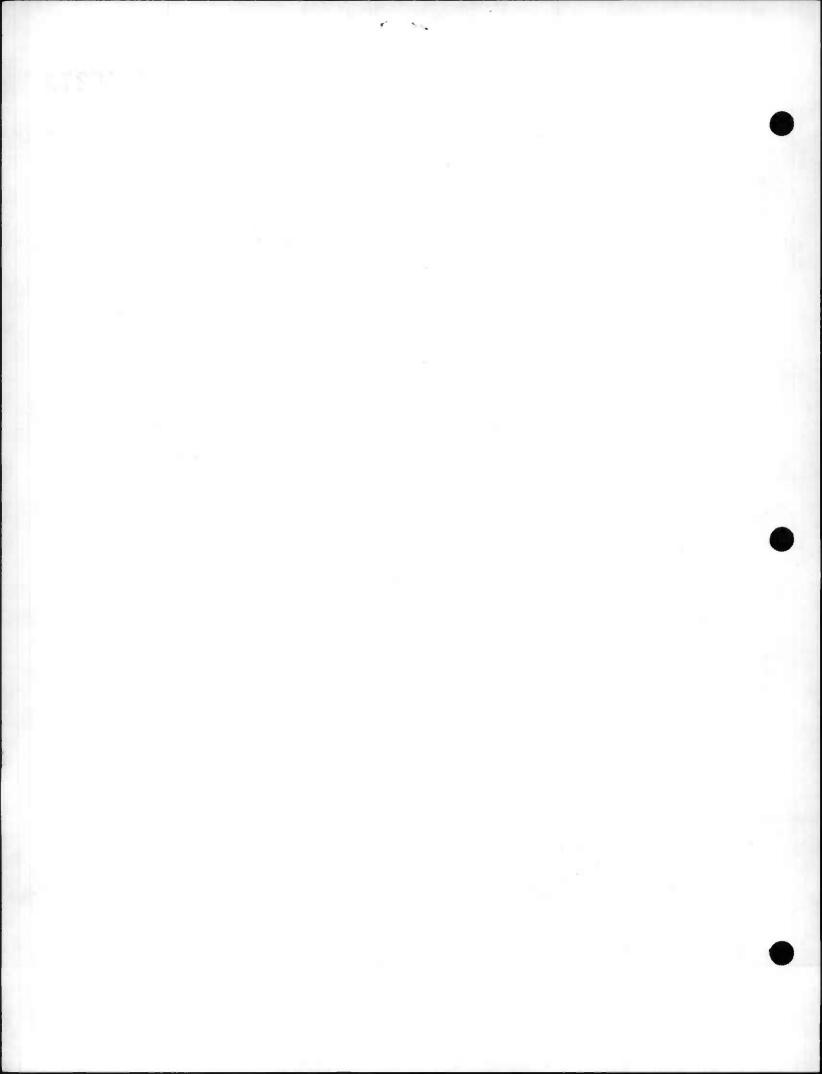
	Tarres .		
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c.v. nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Place the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH DAY YE	3. TIME OF OEATN
FRANK WASLICK	3 25 9	2 350 KA H
4. SOCIAL SECURITY, NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. SOCIAL SECURITY NUMBER 7	(Morgin, Day, Yghr)	BIRTHPLACE (State or Foreign Country)
Ba. FACILITY NAME (If not institution, give street and number)  HO Co. Den. Hospital  RESIDENCE OF DECEDENT  On the street and number)  RESIDENCE OF DECEDENT		
10a. STATE 10b. COUNTY  LUZETTE CO SUCLEME A	21	10d. INSIDE CITY LIMITS? 1 YES 2 NO
600 Bewett Street Apr 147 18709		N OF WHAT COUNTRY?
	ANIC ORIGIN? (Specify Yea or No— 14. can, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  The control of the kind of work done during most of working life. Do NOT use retired.)	Self-Employe	red
17. FATHER'S NAME (First, Middle, Last) LAWYCHEC Wastick Ann	IAME (First, Middle, Maiden Surname)	
19a. INFORMANT'S NAME (TypoPrint) Frank J. Waslick 9014 Nottingham Wa	1 11 11 11	MD. 21043
20e. METHOD OF DISPOSITION  1 Device 2 Gremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, crematory or State Anns Cemetery)	Lapon	an PA
Compaller State MO0535 ELLICO	TCITY, MD.	21043
23. Part I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su shock, or heer feligre. List only one cause on each line.  IMEDIATE CAUSE (Final seese or condition resulting in death)  a.	ich aa cerdlac or reepiratory arrest	t, Approximata interval Between Onset and Deeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		290
that initiated events resulting in death) LAST  d		
PART II. Other eignificant conditions contributing to death but not resulting in the undarlying cause given in	n Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 DO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO		
27. MANNER OF DEATH  1	284. DESCRIBE NOW INJURY OCCUR	RED
3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or City or Yown, State)	Rural Route Number,
29a. CERTIFIER (Check only one)  1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dependence one)  2 MEDICAL-EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the state of the state o		
	38€ > 3	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  1/055 Lutte Do-frut Darlung Colinbo N  31. DATE FILED (Month, Pig. 1941)  32. REGISTRAN'S SIGNATURE	10 21044	
31. DATE FILEO (MONT), Par 1841) 32. REGISTRAN'S SIGNATURE  32. REGISTRAN'S SIGNATURE  32. REGISTRAN'S SIGNATURE  32. REGISTRAN'S SIGNATURE		



TO BE COMPLETED BY FUNERAL DIRECTOR

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. Mied in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	rtificate be executed within	ng physician and completely piene prior to burial, cremal	other traumatic event,	
	requires that the death ce	een signed by the attendir of Health and Mental Hyg	shows any injury, or o	
17111	ING PHYSICIAN: The law	After this certificate has b leath with the State Dept.	marked, or item 23	
	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the furbe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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31. DATE FILED (Month, Day, Year)
MAR 3 1 92

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1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E 5	32 10280
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
MARGARET EM	MA WANT	2		3 2		5 00 P M
4. SOCIAL SECURITY NUMBER 218-03-4540	5. SEX 6. AGE (In yrs. Ins	YRS. IF UNDE	TR 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	n.B	ARYLAND
9e. FACILITY NAME (If not institution, give st	reet end number)	9b. CIT	Y, TOWN OR LOCATION OF D		9c. COUNTY	
RESIDENCE OF DECEDENT	ANTONT	2).	ANETI	OWYV	Lif	IRRULL
MO CA		TAN	FYTOW	W		10d. INSIDE CITY LIMITS? 1 YES 2 NO
106. STREET AND NUMBER	ANLOW	RU	10f. ZIP CODE 2 1	787	10g. CITIZEN	US A
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 H IF YES, GIVE WAR OR DATES	IMED 13	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 HO Specif	in, Puerto Rican, atc.)	1402	RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL live kind of work done Do NOT use retired.	during most of working	186. KIND OF BUS		ENORI
17. FATHER'S NAME (First, Middle, Leat)	VN6	EVP	18. MOTHER'S NA	ME (First, Middle, Melden		NESIFE
190. INFORMANT'S NAME (Type/Print)	NANTZJ:	A 2 10	SS (Street end Number or Rural	Poute Number, City or Tow	n, State, Zip Cook	WEYTON
20a. METHOD OF DISPOSITION 1 Description   1 Donation 6 Other (Specify)	oval from State 20b. PLACE other p	OF DISPOSITION (F	Name of cometery, cremator on	20c. LO	CATION - City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE HT	ENSEE STATE		NAME AND ADDRESS OF FA	CILITY LATT	LES	F. 14.
23. PART I. Enter the diseeses, or o	emplications that caused the de	esth. Do not ente	or the mode of dying, aud	th as cardiac or respi	ratory srrest,	Approximate
	List Drily Dne cause on sech line	0.				interval Between Onset and Death
iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	METASTAT	IC CAR	CINOMA (PR	IMARY UPA	(NOWN)	4 Wks.
	DUE TO (OR AS A CONSE	QUENCE OF):				
Sequentially list conditiona, if sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):				
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
PART ii. Other significent condition	s contributing to deeth but not	resulting in the u	underlying cause given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
				PERFOR	7.74	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1  YES 2		OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	28. PLACE OF DEATH (C)	neck only one)		
1 TYES 2 NO	1   Inpatient 2   ER/Outpatient	B DOA 4 N	ursing Home 5 - Residence			
27. MANNER OF DEATH  1 A Netural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	ED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atreet, fa	ctory, office	281, LOCATION (Street of City or Town, State)	and Number or R	ural Route Number,
	CIAN: To the best of my knowledge, do					unals) and manner or stated
		The state of the s				
296. SIGNATURE AND TITLE OF CERTIFIER  OWM. R. Z.	intheren , M.	D	7)-143(	-	≥ 3 /	NED (Month, Day, Year) 27/92

BOX 452

32. REGISTRAR'S SIGNATURE

Julia Davidson-Rondone

DHMH-18 Rev 1/89

TANEYTOWN, MD.

Applicated The Ball Applied Applied To The Till Mark to a performance of the second Parties of the partie 

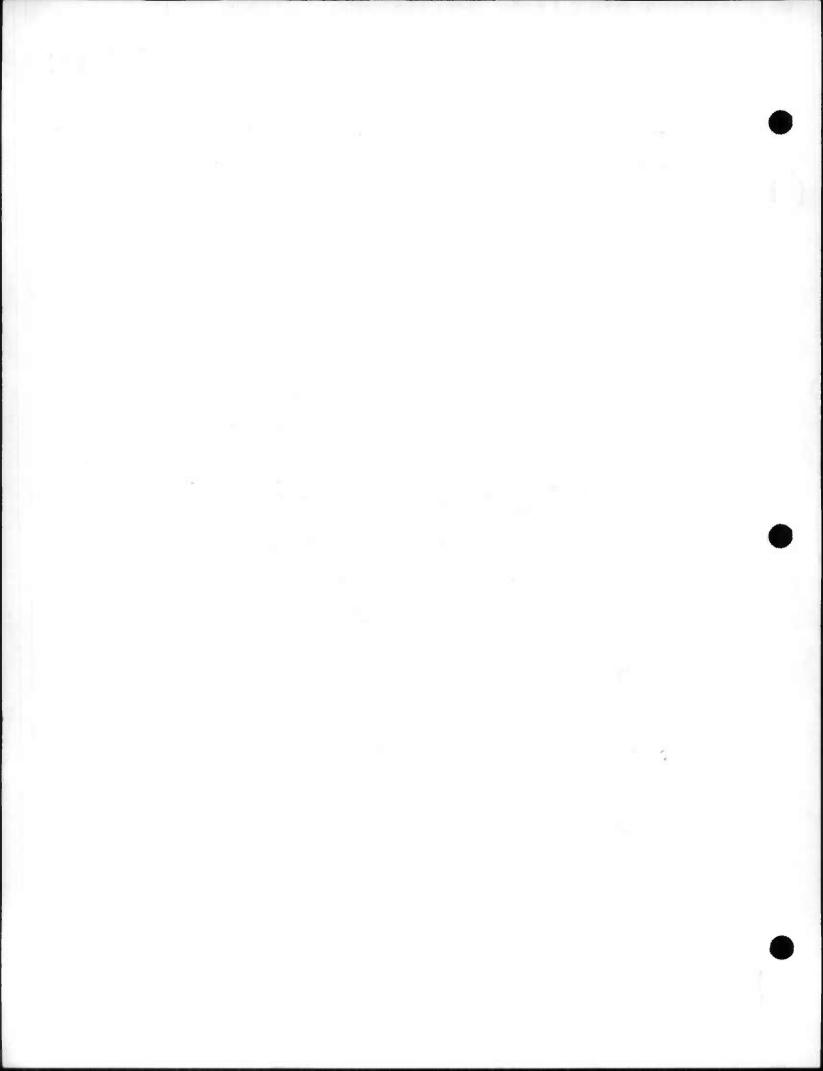
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	FICATE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)	ILKINSO	ON WAL	TER M.	WILKINSO	HONG	OF DEATH DA		2 1	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 199-03-1728		1 <del>X X</del> M 2 □ F	SE (In yrs. lest birthday) 90 YRS.		EAR IF UNDER 24 HF	N. (Mont	OF BIRTH th, Day, Year) /23/01	0.	Country)	JERSEY
GREATER LAU	REL NU	DE CALL		Se. CITY, TO	OWN OR LOCATION O	F DEATH		PRINC		
10a. STATE  MARYLAND	10b. COUNTY			TY, TOWN OR I	LOCATION					d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER	HOWAK	U	LA	UKEL	101. ZIP CODE			10g. CITIZE		T COUNTRY?
9107 OLD SC	AGGSVI				20723			U	SA	
11. MARITAL STATUS  1 Never Married XXX  3 Widowed 4 Dive	Married orced	12. WAS DECEDENT EYE FORCES? 1 X YE IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES	13. W/A If y	S DECENDENT OF HIS  ea, specify Cuban, Me  YES XIX NO S	SPANIC ORIGII exican, Puerto pec/ly:	N? (Specify Yes Rican, atc.)	or No—	I. RACE — Black, W Specify:	American Indian, hite, atc.
15. DEC (Specify on	EDENT'S EDU	CATION	18e. DECEDENT'	f work done duri	UPATION ing most of working	188	b. KIND OF BUS	INESS/INDUS	TRY	MILT C
Elementary/Secondary (	3-12)	College (1-4 or 5+)	MINIST	use retired.)			CHURCH			
17. FATHER'S NAME (First, A	fiddle, Last)						Middle, Melden	Sumame)		
UNKNOWN  19a. INFORMANT'S NAME (	Type/Print)		19b. MAILIN	IG ADDRESS (S	UNKN		nber City or Town	n. State. Zin C	ode)	
DOROTHY J L					AVENUE		L, MARY		207	23
METHOD OF DISPOSIT	TON on 3 - Rem	oval from State	other place)		of cometery, cremetory	or	100	CATION — CH		
4 Donation 5 Other	(Specify)		ORT LINC			F F4011 FTV			D, M/	ARYLAND
21. SIGNATURE OF FUNERA	000	Fulco	Chin		CK FUNERA 1 SANDY S				, MD	20707
23. PART / Enter the cahock, or himmediate CAUSE (Fi disease or condition resulting in death)	eert feliure.	List only one ceuse of CON6PS7	n each line.	FACT	PALEUM		rdiec or reapi	ratory arrea	nt,	Approximate interval Between Onset and Death
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events resulting in desth) LAS	ediete ING ury	. Gran	IS A CONSEQUENCE	e A	iseare					
PART II. Other plantific	ant condition	be contributing to deet	h but not resulting	the under	erlying ceuse give	n in Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	AM CC Of	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		OTHER:	26. PLACE OF OEATI	H (Check only o	one)			
1 VES 2 NO		1 Inpetient 2 ER/C	RY 28b. T	4 Davisin	g Home 5 - Reside		er (Specify) ESCRIBE HOW I	NJURY OCCU	IREO	
1 Netural 5 2 Accident	Pending Investigation	(Month, Day, Yea			WORK?	_				
3 Suicide 8 4 Homicide	Could not be determined	building, etc. (3	URY — At home, farm Specify)	i, street, lector	y, office	281. LO City	CATION (Street of yor Town, State)	end Number o	r Rural Rout	te Number,
one)		ICIAN: To the best of my ki								nd manner ee stated.
296 SIGNATURE AND TITL	-/4	Name	UK	)	Mec. LICENSI	9/6		29d. DATE	24 24	19 Day, Weer)
30. NAME AND ADDRESS OF	Jan	O COMPLETED CAUSE OF	ZIP	the	cage S	TI	alle	all	NO	20707
MAR 2	6 1992	2 Julia Da	HOSON-Rand	علاك	U					





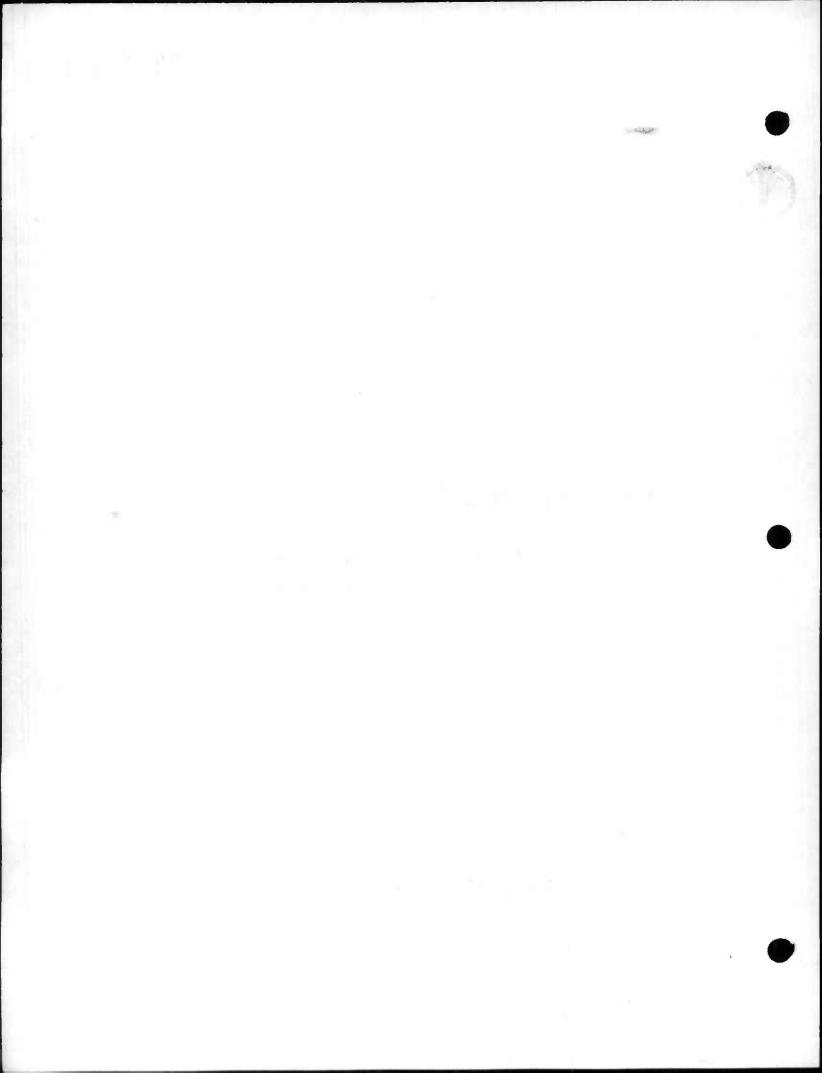
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	٠	STATE REGISTRAR
		1. DECEDENT'S NAM
		4. SOCIAL SECURIT
-	I	181 10
	ľ	80. FACILITY NAME
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STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF	DEATH		

					ENTIF	ICATI	UF	DEA	1.11	R	EG. NO.			
	1. DECEDENT'S NAME (First, P. Martin		ank							2. DATE OF I	DEATH 2 5	A	9 YEAR	3. TIME OF DEATH 10:55 a.
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	last blothdad	IF UNDER	A MEAN							
	181 10 688		1 📉 M 2 🗆 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF E	27°0	9	Countr	PLACE (State or Foreign y) nsylvania
~	8e. FACILITY NAME (If not in			In and L	- 1		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA							
DIRECTOR	Montgome		eneral H	ospit	aı		)ln∈	<u> </u>				M	onto	omery
HE (	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	Maryland	Montg	omery		Si	lver	Spr	ing						LIMITS?  1XXYES 2 NO
₹	10a. STREET AND NUMBER						101	. ZIP CODE	E			10g. CIT	IZEN OF W	/HAT COUNTRY?
ij.	14440 Home	crest	Road		_							Uni	ted	States
FUNERAL	11. MARITAL STATUS  1 Never Merried 2	Married	12. WAS DECEDENT FORCES? 1	TEVER IN U.S.	ARMED ZNO	13.	WAS DEC	ENDENT O	F HISPAN	C ORIGIN? (Sp.	pecify Yes	or No-	14. RACE	— American Indian, , White, alc.
B	3 Widowed 4 Divo		IF YES, GIVE W					2 📉 NO					Speci	
COMPLETED	15. DECI (Specify only	EDENT'S EDUC	CATION completed)	18e. I	DECEDENT'S	USUAL O	CCUPATIO	ON at a contribution		16b. KIN	D OF BUS	INESS/INI	DUSTRY	WILLEC
9	Elementary/Secondary (0	-12)	College (1-4 or 5+	) '	ife. Do NOT us	se retired.)		of Or WORKI	9					
ME	17. FATHER'S NAME (First, Mi		4	Vi	ce Pr	esid	ent					ting		
S	Percy N. Swa									ME (First, Middle		.,		
BE	19a. INFORMANT'S NAME (7)			<u> </u>						et Rod				
5	Roberta G.	,								Silve				
ŀ	20e. METHOD OF DISPOSITI	ON			E AND DATE				oau	DATE			Md .	
	1 X Burlet 2 Cremetlo 4 Donation 5 Other	n 3 🗆 Remo	oval from State	Pine	Hill	ther place) S Ce1	nete	rv		DATE				ennsylvania
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	0		22.	NAME AN	D ADDRES	SS OF FAC	ILITY				emisyivania
	* Rober	t. E	. Evan	no Pr	les).					Funera				ryland 20715
CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leeding to immediate. Enter UNDERLYII CAUSE (Disease or injust that initiated events resulting in deeth) LAST	ons, liste		OR AS A CONS	EOUENCE OF	F):	hem	5/40	hops 1dh					Interval Between Onset and Daath
	PART II. Other aignifican	nt conditions	contributing to	daeth but not	resulting i	n the un	derlylar		ilian In F	and I am	WAS AN A			
PHYSICIAN: MEDICAL							uerrynng	- Lause g			PERFORI	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
¥	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	EATH (Chec	ok only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpetlent	3 DOA	OTHER	l:			Other (Spe	-4.			
춪	27. MANNER OF DEATH		28e. DATE OF I	NJURY	28b. TIMI	E OF	28c. INJ	JRY AT		28d. DESCRIB	-	JURY OC	CURED	
84	1 Netural 5 F	ending rvestigation	(Moran, Da)	y, roury	INJ	URY M	1 🗌 Y	ES 2	NO					- 1
	3 Suicide 8 C	ould not be starmined	28e, PLACE OF building, e	INJURY — At It itc. (Specify)	ome, ferm, s	tree1, fect	ory, office			201. LOCATION City or Tow		nd Number	or Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTII 2 MEDIC	FYINO PHYSIC	IAN: To the best of n	my knowledge, c	leath occurre	d at the ti	me, data pinion, de	and place,	end due t	o the cause(e)	end menr	ner as stat	ed. e cause(a)	and menner as stated.
BEC	296. SIGNATURE AND TITLE BENJAMIN	AVEL	nin, M.	D <sub>A</sub>				29c. LICEI	NSE NUME	BER		29d. DAT	E SIGNED	(Month, Day, Year)
		11	4//	1/090	145	>		0	177	140		•	5/L3	124
	30. NAME AND ADDRESS OF	PERSON WHO		E OF DEATH (IT	EM 27) (Type,	Print)								
	31. DATE FILED (Month, Day, H	<b>3</b> ″ 1992	32. REGISTRAR	S SIGNATURE Davidson	- Pande	22	-				-			





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requir	men si	show
he law	has b	m 23
IAN: T	rificate	or Ite
HYSIC	this ce	ked.
DING F	After 1	mar.
ATTEN	CTOR:	28 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the said within 27 hours after death with the State pack of Meanth and Mental Hymine prior in burial crimination or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITA	NERAL NE 72	NT: If
HE HO	HE FU	ORTA
TO T	5	IMP

				ICATE OF		2. DATE OF D		- VEAR	3. TIME OF OEATH							
JAMES RALPI	H WALI	CER SR.				MARC	н 19,		9:35 p							
	SEX XXM 2   F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, JAN 31	Year)	8. BIRTI Count	PLACE (State or Foreign VIRGIN							
9a. FACILITY NAME (If not institution, give street	t and number)			9b. CITY, TOWN C	R LOCATION OF O	EATH	9c, C	COUNTY OF	DEATH							
5606 HOLTON LANE				TEMP	LE HILLS	PR	PRINCE GEORGE'S									
RESIDENCE OF DECEDENT  100. STATE  MD.  PRIN	CE GEORG	GE's	10c. CIT	Y, TOWN OR LOCAT	TEMPL	E HILLS			10d. INSIDE CITY LIMITS? 1 YES 2 NO							
100. STREET AND NUMBER 5606 HOLTON LANE				101	ZIP CODE	20748	10g.	CITIZEN OF	WHAT COUNTRY?							
									U.S.A.							
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	2. WAS DECEDENT FORCES? 1 { IF YES, GIVE WA	YES 2 NO	AED O	If yes, sp		OF HISPANIC ORIGIN? (Specify Yea or No— an, Maxican, Puerto Rican, etc.)  Specify:  14. RACE — American I Black, White, etc.  Specify:  BLACI										
15. DECEDENT'S EDUCAT (Specify only highest grade con	TON mpleted)	16a, DEC	EDENT'S	USUAL OCCUPATION	N at of working	16b. KINE	OF BUSINESS	INDUSTRY								
	College (1-4 or 5+)	life.	Do NOT u	se retired.)		TDIIC	KING C	OMDAN	v							
AT DATE OF STATE OF STATE STAT	4	MANA	IGER						ı							
17. FATHER'S NAME (First, Middle, Lest)  JAMES W. WALKER					16. MOTHER'S NA			ne)								
JAMES W. WALKER  190, INFORMANT'S NAME (Typo/Print)	-	196	MAILING	ADDRESS (Street a		PETER		Zin Codel								
JDREY WALKER		100		SAME A		riodio ridinosi, Oi	ly or lown, Glate	i, 2ip 0000)								
2017 METHOD OF DISPOSITION		20b. PLACE	AND DAT	E OF DISPOSITION	(Name	DATE	20c. LOCATION	N — City or T	own, State							
A ☐ Buriel 2 ☐ Cremation 3 ☐ Ramova 4 ☐ Donation 5 ☐ Other (Specify)	il from State			or other place) W MEMORI	AT.	3/26	SOUTH	HILL	VΔ							
21. SIGNATURE OF FUNERAL SERVICE LICEN	Juane	2.		22. NAME A	REENE OF	NERAL H ANKLIN S	HOME, IN	1C.								
23. PART I. Enter the diseases, or con shock, or heert failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	C90	se on aech line.	oh	190	_			r arrest,	Approximate Interval Betwo							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):																
d.	contributing to	desth but not re	esuiting	in the underlyin	g cause given in		WAS AN AUTON PERFORMED? YES 2	3.417	b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO							
PART II. Other significant conditions of						_	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
PART II. Other significant conditions of				26. P	ACE OF DEATH (C	heck only one)										
PART II, Other significant conditions of the con	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ACE OF DEATH (C		ochy)									
PART II, Other significant conditions of the con		INJURY	28b. TIA	OTHER: 4 Nursing Hon IE OF 28c. IN. JURY WG	e 5 Residence	6 Other (Sp	odfy) IE HOW INJURY	OCCURED								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF (Month, De	INJURY y, Year)	28b. TIA	OTHER: 4 Nursing Hon IE OF 28c. IN. JURY WG	OF THE STATE OF TH	6 Other (Spi 28d, DESCRIE	E HOW INJURY		Route Number,							



31. DATE FILED (Morith, Day, Year)
MAR 2 4 1992

32. REGISTRAR'S SIGNATURE Julia Davidson Pandale

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W ...

	1 - STATE OF MAI	RYLAND / DEPARTMENT CERTIFICATION	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	25 10584				
	1. DECEDENT'S NAME (First, MICHIGO, Last) John Washingto	4		2. DATE OF DEATH MONTH 3	92 12:50 Pm				
	4. SOCIAL SECURITY NUMBER  5.77-03-9048  5. SEX   1	7. DATE OF BIRTH (Month, Day, Year) 01-24-1911	11 Virginia						
TOR	9a. FACILITY NAME (If not institution, give street and number)  Southern Mio. Hos RESIDENCE OF DECEDENT	P. Center 96. CITY	Clinto	EATH 9c. CO	DUNTY OF DEATH				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CH				
	Maryland Prince Georg	es Fores	tville		LIMITS? 1 X YES 2 NO				
FUNERAL	6008 Druid Place		101. ZIP CODE 20747	10g. C	USA				
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced  12. WAS DECEDENT EV FORCES? 1 FORCES? 1 FYES, GIVE WAR O	YES 2 NO		NIC ORIGIN? (Specify Yea or No— an, Puerto Rican, etc.)					
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL O	CCUPATION	16b. KIND OF BUSINESS/I					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Unknown	Ille. Do NOT use retired.)		D					
NO	17. FATHER'S NAME (First, Middle, Lust)	Laborer		Privat  AME (First, Middle, Melden Surname,					
BE	Lee B. Washington		Lott	ie Caules					
70	Donna L. Butts			Route Number, City or Town, State, .	20020				
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISPOS		S.E. Washi	ngton D.C.				
	1 N Worla! 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	Harmony Cem	etery	Landov	er. MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  * Signature of Funeral Service Licensee  * Signature of Funeral Service Licensee	121.	A74 LANDO	J.B.JENKI	NS FUNERAL HON				
	23. PART I. Enter the diseesea, or complications that cell shock, or heart fellure. List only one ceuse of	used the deeth. Do not enter			rreat, Approximate				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Seption 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
4: MEDICAL	PART II. Other significant conditions contributing to deer	Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1   Input lant 2   EBA	OTHER							
H.	1   YES 2   NO   1   Inpetient 2   ERA  27. MANNER OF OEATH   28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIME OF	sing Home 5 Residence 28c. INJURY AT	6 ☐ Other (Specify)  26d. DESCRIBE HOW INJURY O	CCUREO				
BY	1 Natural 5 Pending 2 Accident Investigation	M.	WORK? 1 YES 2 NO		TOTAL HOURI GOLUMES				
8	3 Suicide 8 Could not ba 4 Homicide 8 Could not ba determined  28a. PLACE OF INJURY — At homa, farm, street, factory, office building, atc. (Specify)  28b. PLACE OF INJURY — At homa, farm, street, factory, office City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my k 2 MEDICAL EXAMINER: On the basis of axamin	nowledge, death occurred at the ti	me, data and place, and dua pinion, death occured at the	to the cause(a) and manner as at time, data and place, and due to	ated,				
BE C	256. SCHATURE AND TITLE OF CERTIFIER	1 +	290 LICENSE NUI		TE SIGNED (Month, Dyy, Year)				
2	20 NAME AND ADDRESS OF DEPOSIT	Allevant	0-2	4535	3/21/92				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF Laxmi Berwa 1300 Merca		124						
	31. DATE FILED (Month, Day, Year) . 32. MEGISTRAR'S S	ntile La. #	134 Lando	over, MD 20	785				
	MAR 2 4 1992 gula Davidson-								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1 filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

and the state of t

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIFI	CATE OF	DEATH	REG.	NO			
	1. DECEDENT'S NAME (First, Middle, Leat) ROSAN T. WAR					2. DATE OF DEAT		YEAR 9 2	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	6. AGE (In yrs. les	Voc	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ye	nr)	Count		
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D								yland Seath Sci-Geonle	
DIRECTOR	Maryland Prince George'	eorge's Clinton						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
FUNERAL	7007 E. Clinton Street			101	2073 <sup>c</sup>				WHAT COUNTRY?	
BY	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2	MED 90	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yea or No- 14. an, Puerto Rican, atc.)			E — American Indien, k, Whita, atc.  White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (t-4 or 5 +)	(G life.	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				BUSINESS/IN	IDUSTRY		
	17. FATHER'S NAME (First, Middle, Lest) Freets Wood	GE	ocery	store		Safe  ME (First, Middle, Ma  e Unobt	iden Sumame)			
TO BE	190. INFORMANT'S NAME (Type/Print) Dora I. Wood	7	007 E	ADDRESS (Street a	nd Number or Rural	Route Number, City of Clinton,	Town, State, Z	(p Code)	20735	
	20s_METHOD OF DISPOSITION  AGAINMENT STATEMENT	20h PLACE	MDDATEO	E DISPOSITION /No		DATE 200	LOCATION -	- City or To		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7		22. NAME AN	D ADDRESS OF FA	Lee F	uneral	. Hom	e, Inc. linton, Md.	
CERTIFICATION	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, above, or hash feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due 10 (OR AS A CONSEQUENCE OF):  Due 10 (OR AS A CONSEQUENCE OF):  Due 10 (OR AS A CONSEQUENCE OF):  Due 10 (OR AS A CONSEQUENCE OF):  Due 10 (OR AS A CONSEQUENCE OF):									
DICAL	PART II. Other significant conditions contributing to d	eeth but not ro	eeulting in		couse styln in	Part 1. 24a. WAS	S AN AUTOPSY IFORMED? S 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Nopellant 2 1	ER/Outpatient 3		OTHER:	ACE OF DEATH (Ch	6 Other (Specify)				
ВУ РНУ	2 Accident Investigation 2 2.515	Year)	286. TIME INJUI	OF 28c, INJI WO 1  Y	IRY AT RK? ES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be determined 286 PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)						. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axa	y knowledge, dea mination and/or is	nth occurred	at the time, date in my opinion, de	and place, end dua ath occured at the	to the cause(s) and time, data and place	menner as sta , and due to t	ited. he cause(a)	) and manner as stated.	
10 BE	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	AF BEATT			29c, LICENSE NUN		29d. DA	3-2	(Month, Day, Year)	
	77 00 Old Grand	· Ave	C	linton	Qm	207	35.			
1	31. DATE FILE MARY 2000 1992 32. REGISTRAN	WIGGON-	andell	•		-				

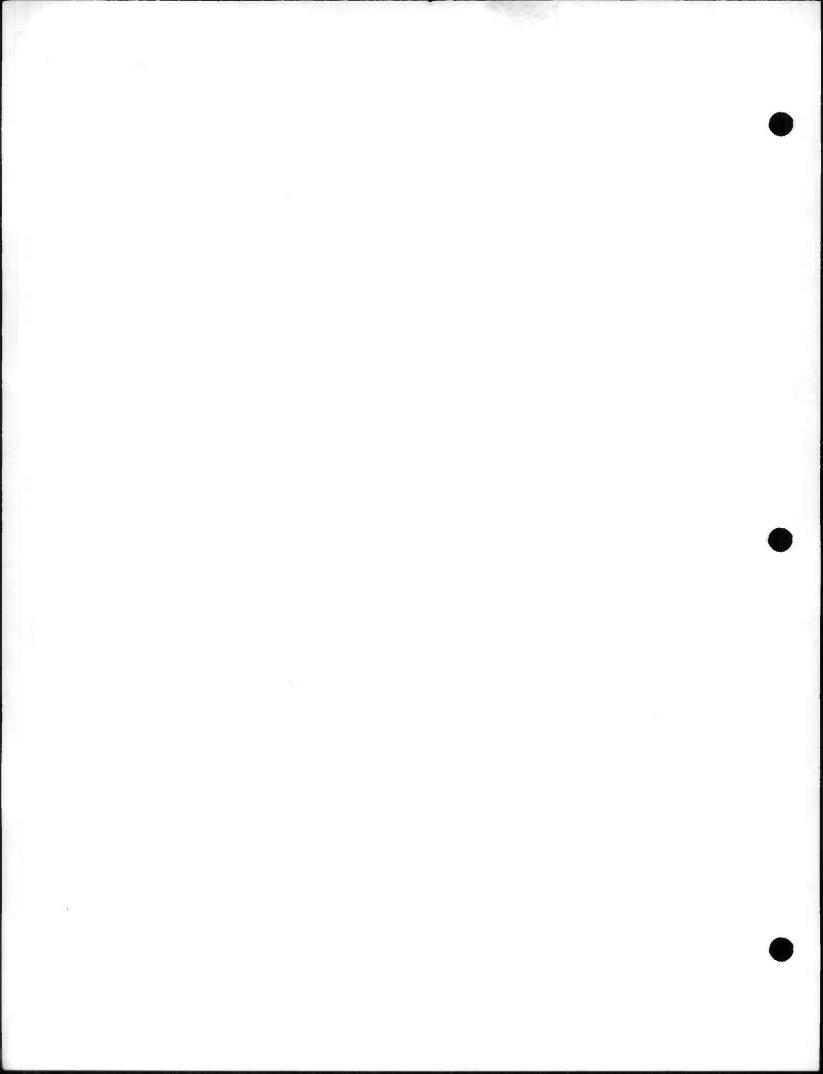


TO BE COMPLETED BY FUNERAL DIRECTOR

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0	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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1 - STATE REGISTRAR		CERTIFIC	ATE OI	DEATH	RE	G. NO.			
1. OECEDENT'S NAME (First, Middle, Last)	Robert Russe	11 Yater	, Sr.		2. DATE OF OR	EATH DAY	,	YEAR	3. TIME OF OEATH
Robert Ru		YATER				3 26 9			D053 M
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yr		UNDER 1 YEAR		7. DATE OF BII (Month, Day,			8. BIRTH Countr	PLACE (Stete or Foreign
268-18-6680	M 2 □ F 7		THE DAYS	HOURS MIN.	10-14		18	0001111	"Ohio
9e. FACILITY NAME (If not institution, give street	9b.	CITY, TOWN	OR LOCATION OF OR	ATH		9c. COU	NTY OF D	EATH	
Shady Grove Advent	tist Hospita	tal Rockville Mon				ontgo	omery		
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOC	ATION					10d. INSIDE CITY
MD. Montgo	omery	Re	ockvi	lle					1 🔀 YES 2 🗌 NO
10a. STREET AND NUMBER		•		of. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
9 Carter Cou	rt			20852				U.S.	Α.
The state of the s	WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2			ECENDENT OF HISPAN			or No	14. RACE Black	- American Indian, c, White, atc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE:	S		S 2 NO Specify		,		Speci	white
15. OECEDENT'S EDUCATION	1941-1945	a. DECEDENT'S USL	IAL OCCUPA	FION	18b. KIND	OF BUILD	INECC/IN	ALICTRY	WILLE
(Specify only highest grade com	pleted)	(Give kind of work life. Do NOT use re	done during i	nost of working	100. KINU	OF BUS	INE35/IN	OUSTRE	
Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Civil En		r	Det	fens	е Ма	nnin	g Agency
17. FATHER'S NAME (First, Middle, Last)	-	HI	021100	16, MOTHER'S NA				PPALL	6 Agency
John Yater				Jenni					
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Stree	t end Number or Rural I			, State, Zi	p Code)	
Edith M. Yater				rt, Rockv					
20a. METHOD OF DISPOSITION	20b. Pt	LACE OF DISPOSITIO		cometery, crematory or				City or To	own, State
1 25 Burisi 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)		erklawn	Memor	ial Park		R	ockv	ille	
21 SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME	ANO ADDRESS OF FA	CILITY			ral	Uomo
>YUlledia ON	Callen		IO Ea	st Deer P					
23. PART I. Enter the diseases, or com	plicetions that caused the								Approximate
shock, or heert fellure. List			011101	node of dying, suc	ir as cordiac (	or reopii	atory of	,,	Interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition	B W	11. + +							
resulting in death) s	DUE TO (OR AS A CO	ONSFOURNCE OF:	10)						18 mm
	aderiaan	1011101		of the	Luca				18 mo
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CO	ONSEQUENCE OF):		7 004	rug				
ceuse. Enter UNDERLYING					V				
CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):							
resulting in deeth) LAST									
PART II. Other significant conditions of	ontributing to death but	not resulting in t	he underly	Ing ceuse given in	Part I. 24a.	WAS AN		248	. WERE AUTOPSY FINOINGS
Chronic Photos		luon a	/	A.L.		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
12 - Wat Complete	Contract of the	amer is	9	11		YES 2	NO.		OF DEATH?
					— I				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)				
	OSPITAL:  Inpetient 2 ER/Outpetie		THER:	ome 5 🗆 Residence		nc/fy)			
27. MANNER OF DEATH	28s. DATE OF INJURY	28b, TIME O	F 28c.	NJURY AT	28d. DESCRIB		NJURY O	CCUREO	
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUR		WORK? YES 2 NO					
28. PLACE OF INJURY — At home, farm, street, factory, office  281. LOCATION (Street and Number or Rural Route Number,							Route Number,		
4 Homicide determined	building, etc. (Specify)								
29a. CERTIFIER  (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.									
one)									
296. SIGNATURE AND TITLE OF CERTIFIER									
1 Tokent O.	Marm	M.D.		10069	45		<b>)</b>	3/2	5/92
	A 4	H (ITEM 27) (Type, Pri		01-1	> /	11		A .	
1.000	con 809	Viers	Mill	Rd. K	ocki	rille	. /	1d	20851
MAR 3 1 92	32. MEGISTRABE SIGNATI	Mandell							

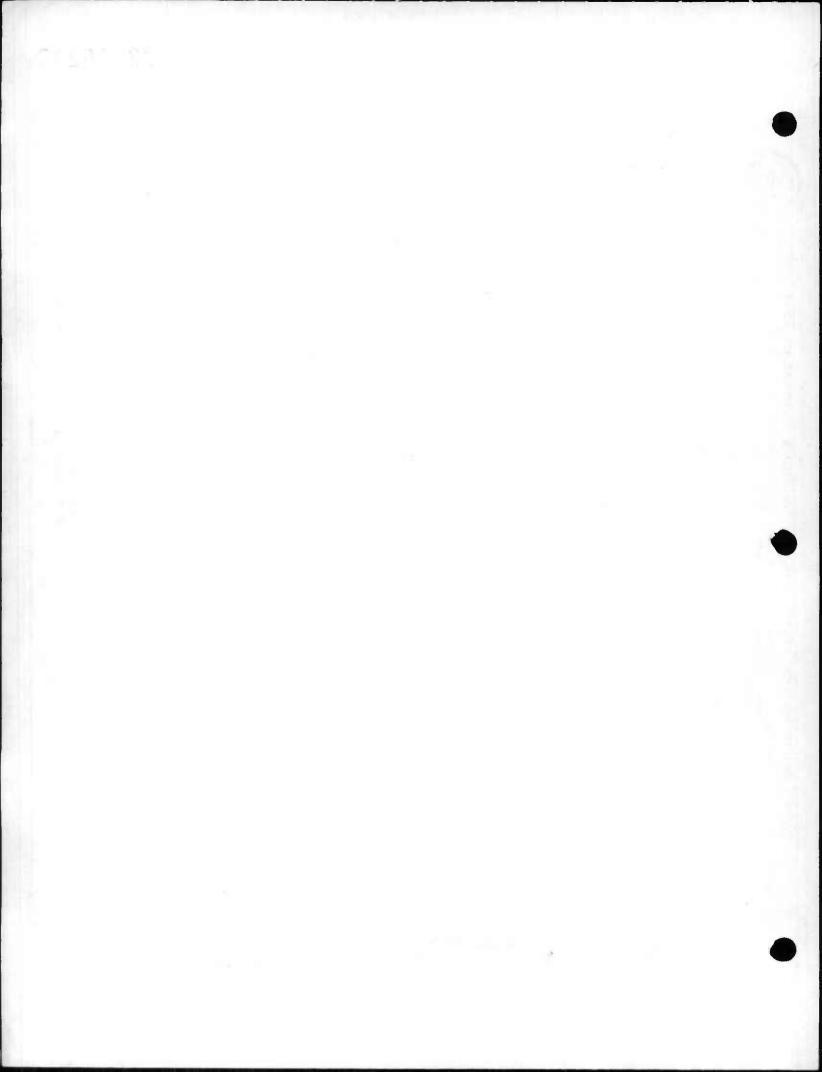


S.	-8
TTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Pag	JTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.
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HOUR	filed in
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	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1.	OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
	Tala Danman	a	MONTH DA

	1. OECEDENT'S NAME (First,	Middle, Lest)								DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
					orskey								11:13 a <sup>M</sup>
	4. SOCIAL SECURITY NUMBER 208-07-240		5. SEX	6. AGE (In yrs	vas birthdey)	IF UNDER 1 Y	PAYS	HOURS I	MIN.	DATE OF BIRTH (Month, Day, Ybar) 3/29/19		Country.	PLACE (State or Foreign ) PA
Dinection	9e. FACILITY NAME (If not ine Calvert Me	etitution, give at emoria		ita1				Fre	OF OEATH	1	9c. COUNT	v of or	ATH
	RESIDENCE OF DEC	10b. COUNTY			10c. CITY	, TOWN OR	LOCATI	ON					10d. INSIDE CITY
5	MD		Calver	t	Che	esape	e a k	e Be	ach				LIMITS? 1 X YES 2 NO
LONEUAL	100. STREET AND NUMBER							ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
	7623 Bays:	ide R	oad 12. WAS DECEDEN	IT FUED IN II O	101100	140 111	_	0732		DRIGIN? (Specify Yes	US		
	1 Never Married 2 3 X Widowed 4 Divor		FORCES? 1	YES 2	□ NO	If y	es, spe	city Cuben, i	Mexican, P	uerto Rican, etc.)	or No-	Black, Specify	- American Indian, White, atc. White
	15. DECE (Specify only Elementary/Secondary (0-	EDENT'S EDUC	CATION completed) College (1-4 or 5		Give kind of w	rork done dur	UPATIO	N t of working		16b. KIND OF BUS	BINESS/INDU	STRY	
	9	-12)	College (1-4 or 5		Mainte	nanc	e S	uper		Federa	al Go	v.	
T INCO	17. FATHER'S NAME (First, Min	ddle, Last)								(First, Middle, Maiden	Surname)		
	Anthony	Yor	skey				[	Mar	y V	Vasco			
	19a. INFORMANT'S NAME (Ty	/pe/Print)			19b. MAILING	ADDRESS (S	Street or	nd Number or	Rural Rout	Number, City or Tow	n, State, Zip (	Code)	
-	JoAnn M. I		ts							d., Owin			
	20e. METHOD OF DISPOSITION  1 X Burlet 2 Cremation  4 Donation 8 Other	n 3 🗆 Remo	oval from State	oth	ACE OF DISPOS er place) Harm					tery Ow	cation — c ings		
	21. SIGNATURE OF FUNERIAL	L SERVICE LIC	ENSEE	1		22. NA	ME AN	D ADDRESS	OF FACILITY	TY			
	▶ / John	-09	Lens	01	_	R	aus	ch F	unei	ral Home	e, Ow	ing	s, MD
	ahock, or he IMMEDIATE CAUSE (Fin disease or condition reaulting in death)		List only one cer	Las	Elect	J:	ech	anc	al	Desper	t		Interval Between Onset and Daath
CENTIFICATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
- 1	PART II. Other algolifica	nt condition	a contributing to	death but r	not resulting i	n the und	erlying	cause giv	ren in Par			24b.	WERE AUTOPSY FINDINGS
MEDICAL	1) Pol	y ant	bris U	0,9	2) Acu	00	) v	tra	1,75	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	-31	2) (4)	en I P	en (	11450					-		١,	1 E YES 2 NO
É	25. WAS CASE REFERRED TO	D MEDICAL					26. PL	ACE OF DEA	TH (Check	only one)			Material
2	EXAMINER?		HOSPITAL:	☐ ER/Outpetle	nt 3 🗆 DOA	OTHER:				Other (Specify)			
PHISICIAN	27. MANNER OF DEATH  3. Natural 5	Pending	28e. DATE O		28b. TIM	E OF 2	8c. INJ		28	d. DESCRIBE HOW	NJURY OCC	URED	
20 03	3 Suicide 8	Investigation Could not be determined		OF INJURY — i	A1 home, farm, s	stree1, factor	y, office		28	Sf. LOCATION (Street City or Town, State)		or Aural A	loute Number,
OMPLETED	(Critical orliny			and a transfer						the cause(a) and ma			) and manner as stated.
200	29b. SIGNATURE AND TITLE		- /	)——		,	-	29c. LICEN	SE NUMBE				(Month, Day, Year)
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	JSE OF DEATH	(ITEM 27) /5000	Print1		U	5	710)	5	- 6	y - / \t
	Dr. Jonatha	an Low	enthal,	M.D.		· imnj							
	31. DATE FILED. (Month, Day, MAR 31		P	dson-R	ndall								
	MAKUT	1777	di la la la la la la la la la la la la la										

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

	must	
	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedicai	
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State	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traum	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN	3. TIME OF DEATN					
	ZELDA MAURIE ZIMMERMAN			MONTH DAY	92 5 AM					
		AGE (In yrs. last birthday)	F UNDER 1 YEAR   IF UNDER 24 HRS.	7 DATE OF BIRTH	9. BIRTNPLACE (State or Foreign					
	216-44-5234 1□M2≥F	78 YRS. "	ONTHS DAYS HOURS MIN.	06/09/13	VIRGINIA					
	Se. FACILITY NAME (If not institution, give atreet and number)	9	b. CITY, TOWN OR LOCATION OF DI	EATH 9c. CO	UNTY OF DEATN					
TOR	14777 Roxbury Road		GIENELL	5 11	towarp					
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d, INSIDE CITY LIMITS?					
E I	MID However	6	LENELG		1 YES 2 MO					
	10s. STREET AND NUMBER		10f. ZIP CDDE	10g. Cf	ITIZEN OF WHAT COUNTRY?					
FUNERAL	14777 ROXBUR	21	737	USA						
Ş	11. MARITAL STATUS  12. WAS DECEDENT E FORCES? 1		13. WAS DECENDENT OF NISPAI If yes, specify Cuban, Maxica	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, atc.					
ВУГ	1 Never Married 2 Married 3 Wildowed 4 Divorced  FYES, GIVE WAR		1 WES 2 SeNO Specific		Specify:					
0	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSINESS/IN	NDUSTRY					
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of wor	k done during most of working retired.)	The contract of the contract o						
COMPLETED	12 0	Professi	onal Horse Trai	ner Self						
ON	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surname)						
BE C	Unknown Roy		Maurie	Ro	by					
TO B	19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Rural	Route Number, City or Town, State, 2						
F	Ira Zimmerman			lenelg, Maryla						
	DOWNETNOD OF DISPOSITION AND Burlel 2 Cremetion 3 Removal from State	other place)	TON (Name of cometery, crematory or		- City or Town, Stata					
	4 Donation 6 Other (Specify)	Fort Linco	In Cemetery		od, Maryland					
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	1	Fleck Funeral	Home, Inc.						
_	1 alally	2000		oring Rd Laure	el, MD 20707					
	23. PART i. Enter the diseases, or complications that of	eused the death. Do no								
	ahock, or heart fellure. List only one cause	on each line			Interval Between Onset and Death					
	IMMEDIATE CAUSE (Final disease or condition	(10)								
	disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  LS CHENTU HEART PLSEASE  DISEASE  D									
-		Le cost Ti	HEAD I	DISEASE						
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate  b. Due TO (off AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING									
Ē	triat initiated events	R AS A CONSEQUENCE OF):								
H	resulting in death) LAST									
	PART II. Other algorificant conditions contributing to d	and hut not requiting in	the underlying onese given in	Part I. 24s. WAS AN AUTOPS	246. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICAL	PART II. Other argument continuous contributing to a			PERFORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE					
ŏ	5113014	OLD	AMPRIDE MI	1 YES 25 NO	OF DEATH?					
M	marksorottan	Hy.	PERTENSION		1 TYES 2 SLNO					
ÿ	PERMULIOUS ANTON	<b>1</b>								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C	heck only one)						
YSI		R/Outpatient 3 DOA	I ☐ Nursing Home 5 K Rasidence							
F	27. MANNER OF DEATH 28e. DATE OF IN (Month, Day,		RY WORK?	28d. DESCRIBE NOW INJURY O	XCCURED					
ВУ	2 Accident Investigation		M 1 YES 2 NO							
	3 Suicide 6 Could not be 4 Nomicide determined	INJURY — At home, ferm, str c. (Specify)	eet, factory, office	28t, LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,					
E				<u> </u>						
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of m	y knowledge, death occurred	at the time, date and place, and du	a to the cause(a) and manner as a	stated.					
O	One) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and placa, and due to the cause(s) and manner as stated.									
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER 29d. D	DATE SIGNED (Month, Day, Year)					
	End 1 1-	_	1725	947	3/25/92					
5		OF DEATH (ITEM 27) (Type, I			2/22/0					
	EVERY O TACKSON, I	s HENATURE Pande	The other Ry	2 CLACKSML	15 MB 21029					
	31. DATE FILED (MONTH, Day, Year) MAR 2 6 1992  32. REGISTRAR	S SIGNATURE POPULA	00_		7					
	MAR 2 6 1992 gulia	nantason-Marior								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TOTAL SCIENT MARKET PLANS AND ADDRESS AND		REGISTRAR CERTIFICATE OF DEATH REG. NO.
DOUGH SOUTH MADE IT ALL STATUS  THE STATUS OF PARTY OF BEATHER  THE STATUS OF BEATHER  THE STATUS OF PARTY OF BEATHER  THE STATUS OF BEATHER  THE STAT		WONTH DAY YEAR
THE STATE AND COMMENT  SECONDAY  SEC		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   F UNDER 24 MRS.   7. DATE OF BIRTH (Morth, Day, Year)   8. BIRTHPLACE (State or For Country)   15 May 2   5 Months   15 Months   15 M
SUPPLY AND HUMBER  S. STREET AND HUMBER  S.	TOR	90. FACILITY NAME (If not institution, give street and number)  2737 E. Biddle 5+.  Baltinoes
STREET MIN INJURIED  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  TO STREET MIN INJURY  T		10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
The state of the control of the cont	VERAL	104. STREET AND NUMBER  109. CITIZEN OF WHAT COUNTRY?
Emeratory/Secondary (PG)    Contege (14 or 5 +)		1 Never Married 2 Married FORCES? 1 YES 2 MAC Hyes, specify Cuben, Maxican, Puerto Rican, etc.)  14. RACE — American India:  15. Never Married 2 Married   FYES, GIVE WAR OR DATES   1 YES, 2 Married   1 Y
THE THEOREMANT BAME (Specinal Date of Death Annual Control Number of Acres Review Annual Control Number of Acres Review Annual Control Number of Acres Review Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of New Assets Annual Control Number of Number of New Assets Annual Control Number of New Assets Annual Control Number of Num	ш	(Specify only highest grade completed)  Elementary(Secondary (912)   College (1-4 or 5 +)   College (1-4 or 5 +)
The MALING ADDRESS (Since and Number or Druit Route Number of City or Town, State 2 Dodge)  12. Septembor of Dear Route Number of Druit Route Number of City or Town, State 2 Dodge State	ш	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Last)
20. PLACE AND DATE OF DISPOSITION   DATE   20. CLOCATION   City or Town, Basis	00	C. I. Alle V 2727 C Park I III.
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval is conditions, and cause on each line.    Image: Cause (Final disease or condition)		20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State
22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)  BUE TO (OR AS A CONSEQUENCE OD).  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (O	į	Bette France More 1129 nl. Co. K. St. Belling
Sequentially list conditions, in adding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENC		anock, or neart tenure. List only one cause on each line.
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 YES 2 NO  28. DATE OF INJURY  1 YES 2 NO  28. INJURY AT WORK?  29. CERTIFIER  29a. CERTIFIER  29a. CERTIFIER  29a. CERTIFIER  29a. CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dey, Year)  29d. DATE SIGNED (Month, Dey, Year)  29d. DATE SIGNED (Month, Dey, Year)  29d. DATE SIGNED (Month, Dey, Year)  29d. DATE SIGNED (Month, Dey, Year)  29d. DATE SIGNED (Month, Dey, Year)  29d. DATE SIGNED (Month, Dey, Year)  29d. DATE SIGNED (Month, Dey, Year)  29d. DATE SIGNED (Month, Dey, Year)	RTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	EDICAL CE	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CA
Accident   Successful   Succe		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:
3   Suicide 4   Homicide 5   Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29s. SIGNATURE AND TITLE OF CERTIFIER  29s. SIGNATURE AND TITLE OF CERTIFIER  29s. SIGNATURE AND TITLE OF CERTIFIER  29s. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		27. MANNER OF DEATH  26a. DATE OF INJURY (Month, Day, Year)  26b. TIME OF INJURY AT WORK?  M 1 VES 2 NO
296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  P39 (O Z PW) (O /		3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number,
296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 297. O Z  PYO (	OMPLE	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated,
	H	290. UNITE SIGNED (MONTH, Day, Year)
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  2323 Regi	۲	30. NAME AND AGORESS OF PERSON WHO COMPRISED CAUSE OF DEATH (ITEM 27) (Typo, Print)  2323 Regun

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEI	NE	10291	U
	1. DECEOENT'S NAME (First, Middle, Lest)  KERMIT LEON	ANDERSON				2. DATE OF OEATH	DAY	3. TIME OF DEATH	н
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE //n y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	04-09-		2300 BIRTHPLACE (State or For	mian
	235-52-8546	1 ⊠ M 2 □ F 5	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 04-15-		country) irginia	o-gii
-	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF C			Y OF DEATH	
ECTOR	8014 LongHill	Road		Pas	adena			AA	
H.	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY	
L DIR	Maryland Ann	e Arundel			Pasac	lena	I see	1 Tes 2	МО
FUNERAL	8014 Long Hill	Road		, "	21122	>		ed States	
S.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		4. RACE — American Indian	
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2	S XNO	If yes, s	S 2 NO Speci	an, Puerto Rican, etc.)		Black, White, atc. Specify: Whit	6
G	15. OECEDENT'S EDU (Specify only highest grade	ICATION 16	a. DECEDENT'S	USUAL OCCUPAT	ION	166. KIND OF BU	ISINESS/INDUS		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ime. Do NOT u	work done during mose retired.)  Chnici		11+11	i+v C	ompany	
MA .	17. FATHER'S NAME (First, Middle, Last)		16	CHILCI				Ompany	
						AME (First, Middle, Meider		1	
BE C	Kenneth  19a. INFORMANT'S NAME (Type/Print)	A)	19b. MAILING		AlVa	Route Number, City or Tox		Imore	_
TO BE	Mrs. Patricia	D. Anderson							.2
	20a. METHOO OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	20b.PL	ACE AND OATE	OF DISPOSITION (N	lame of	OATE 20c. LC	OCATION — CIT	y or Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	Glei	n Have				2 G1€	en Burnie,	MD
	> Valerier S. Vo	Pin isb		Mc Cu	ND ADDRESS OF FA	neral Hom	e of	Pasadena na, Md.211	22
TIFICATION	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that caused the	e death. Do					t, Approximat	te
	IMMEDIATE CAUSE (Final disease or condition	V						Onset and	
	resulting in death)	a. Acute Myo			ufficie	ency			
z		ASCVD	NSEGUENCE U	rj:					
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE O	F):					
RTIFICATION	CAUSE (Disease or Injury	C							
BTI	that initiated events resulting in death) LAST	OUE TO (OR AS A CO	NSECUENCE OF	r):					
L CE	PART II. Other significant condition	a contributing to death but o	not resulting	In the underlyin	a annua alivea le	621			
ICAL		and the state of t	lot resulting	in the underlyin	g cause given in	Part I. 24e. WAS AN PERFOI	AUTOPSY	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI	0
MEDIC						1 🗆 YES 2	NO NO	OF DEATH?	
								I TYES 2 NO	,
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
PHYS	1 TES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 ER/Outpatier				8 Other (Specify)			
BY PI	1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	HURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUP	ΙΕΟ	
0	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — A building, atc. (Specify)	At home, ferm, s	street, factory, offic	a	281. LOCATION (Street of City or Town, State)	and Number or	Rurel Route Number,	
PLETI	29a. CERTIFIER (Check only	CIAN: To the best of my knowledge	e, death occurre	ed at the time, date	end place, and rhis	to the causalat and mar	nner as stated		-
COM	one) 2 MEDICAL EXAMINE	R: On the basis of examination and	d/or Investigatio	n, in my opinion, c	leath occured at the	time, data and place, an	d due to the c	ause(s) and manner as stat	led.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	01	D		29c. LICENSE NUM			IGNEO (Month, Day, Year)	
TO BE CO	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH		Print	D 06	0034	04	-09-92	
	William P. Jon	es, M.D. P.	.O. Bo	x 99 L	othian,	Md. 20	711		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	-						
	APR 14 1992	Julia Davidson-Roma	ALUKA .						



10.00

32.

en gelante en det egy

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	sit permit. Pages	
irs after death. Page 6 may be retained by the hospital or attending physician.	use as the burial-tran	
the hospital or at	a detached for use	-
nay be retained by	physician and completely filled in by the funeral director, page 5 should be detached for use as ne prior to burial, cremation, or removal.	of he notified a
er death. Page 6	the funeral director	i evaminer mu
LIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	letely filled in by emation, or remo	of the medica
afe be executed w	hysician and comp prior to burial, c	r fraumatic eve
if the death certific	by the attending plant of Mental Hygiene	Injury or other
e law requires tha	has been signed Dept. of Health a	23 shows am
G PHYSICIAN: IN	er this certificate ath with the State	narked, or item
IAL OR ALIENDIA	VAL DIRECTOR: An 72 hours after dea	If Item 28 is n
TO THE HUSE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

"1992

1205 York

32 MEGISTRATS SIGNATURE PUNCTURE SELVING DAMASON - Pandall

PA

21093

David Nagel

31. DATE FILED (Month, APR

92 10291 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Jacqueline Giacomina " Brocious 4 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 5. SEX 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS 1 M 2 F 218-18-7635 Feb.9 1924 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9634 Alda Drive Carney Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore 1 YES 2 NO 104 STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9634 Alda Drive 21234 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced Х White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY tary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Balsamo Rosa Bianca 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Calvin Brocius 9634 Alda Drive Baltimore, Md. 21234 20e. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 Donation 8 Other (Specify) Entombrent Valley Maus 4/15/9 Dulaney 4/15/92 Timonium, Md 21. SIGNATURE OF FUNERAL BETT ICE LICENSEE lden 5305 Harford Rd. 21214 delle Inc 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final **Onset and Death** disesse pr condition resulting in death) ZI Sequentisly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner ea stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

1650, 60

TO BE COMPLETED BY FUNERAL DIRECTOR

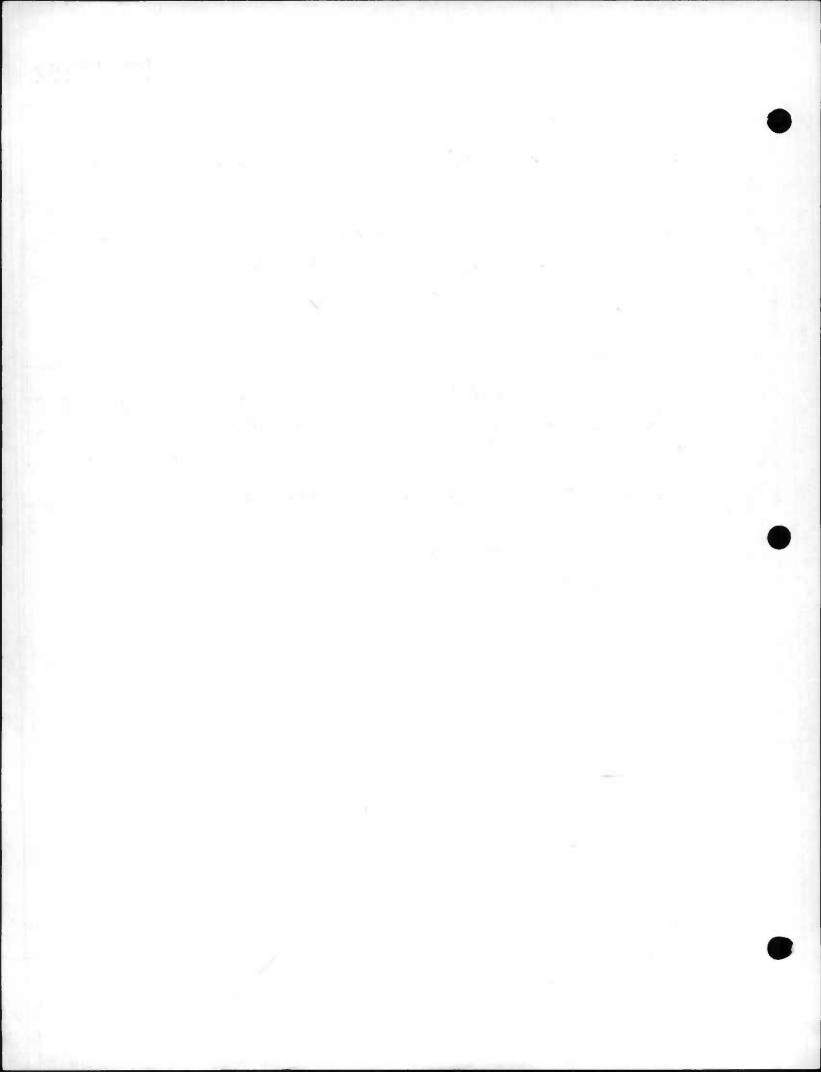
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF		T OF H		AND I	MENTAL HYGIE		56	1029
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATN
LARRY	UAN			BOO	TH		04 1	0 1	1992	12:25 P.
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
217-38-5435	1 XM 2   F	49 YRS.	MONTHS	DAYS	HOURS	MIN.	2 -19 -	43	Countr	nd
Sa. FACILITY NAME (If not institution, give at	met and number)		Oh CITY	TOWN C	PLOCATI	ON OF DE	ATM	1 00 001	INTY OF D	CATAL

1. DECEDENT'S NAME (First, A		1							2. DATE	OF DEATH	NY	YEAR	3. TIME OF DEATN
LARRY		uan/				BO	OTH		04	10	) 1	992	12:25 P. M
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTN , Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
217-38-54	35	1 M 2   F	49	YRS.	INCH 166	DAYS	HOURS	MINA.		-19-1	13		nd
9a. FACILITY NAME (If not inet	itution, give str	eet end number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	EATN		9c. COU	NTY OF D	EATN
1304 N. CH	ESTER	STREET			BAI	TIM	ORE C	CITY					
RESIDENCE OF DECE				_									
100. SIATE	10b. COUNTY			10c. CIT	Y, TOWN		ATION						10d. INSIDE CITY
1/1/)					136	11	0.						YES 2 NO
10s. STREET AND NUMBER	2	1- 11	1			10	of. ZIP COD	120	1		10g. CIT	IZEN OF V	WHAT COUNTRY?
3421 E	ouc	Kne//	Ref				-	de	6			21.	5,
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1					CENDENT (			? (Specify Ver	or No-	14. RACI	E — American Indian, k. White, etc.
1 Never Married 2 M 3 Widowed 4 hDivorc		IF YES, GIVE W					8 2 X NO			mount, etc.;		Spec	
												Neg	10
(Specify only )	DENT'S EDUC highest grade o	ompleted)	(G	CEDENT'S	work done	during m	ION lost of working	ng	16b.	KIND OF BU	SINESS/IN	DUSTRY/	
Elementary/Secondary (0-1)	2)	College (1-4 or 5	-)	. Do NOT US	ee retired.)				_				
				LAB	or								
17. FATHER'S NAME (First, Mick	1	1					18. MOT	NER'S NA	ME (First, I	Aiddle, Maiden	Sumerne)	- 2	00
George	Henr	V B	00/h				LE	lor	SAC	CL	en	rech	
19a. INFORMANT'S NAME (Typ	e/Print)		19	4 4-	ADDRES	\$ (Street	and Number	r or Rural I	Route Numb	per, City or Tow	n, State, Zi	p Code)	21213
Florence		ennedi		130	66	= 1	51/u	1000	SH	VE 1	341	10.	nel
20e. METHOD OF DISPOSITIO	N 3 □ Remo	val from State	20b. PLACE.				lame of		DAT	20c. LO	CATION —	City or To	rwn, State
4 Donation 5 D Other (S			- 40	o all	ANI	2 6	am		1/1	13	11/1	7.0	rel
21, SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE					ND ADDRE	SS OF FA	CILITY				
DR. tte	FU	manal	11.			11.	760	1 /	7.00	. /.	1	- 1	
23. PART I. Enter the disc	eeses Dr.C	omplications the	coursed the de	ath Do	not ante	// /	770	-	1810	111	0	57	-
shock, or hes	ert fellure. L	lst only one ceu	se on each line	16(f). DQ f	not sntei	the m	ode or dy	ing, suc	n ss card	tac or resp	ratory sr	rest,	Approximate Interval Batween
IMMEDIATE CAUSE (Fine disease or condition													Onset and Death
resulting in death)		Acute a	ocaine and	i narc	otic	into	xicati	on					
		DUE TO	(OR AS A CONSE	OUENCE O	F):								
Sequentially list condition	ns, b		(OD 10 1 00)										
If any, leading to immedi- cause. Enter UNDERLYIN	ete	DUE 10	(OR AS A CONSE	DUENCE OF	F):								į Į
CAUSE (Disesse or Injury		Due TO	(OR AS A CONSE	DUENOE O	n.							_	
that initiated events resulting in death) LAST		DOE 10	(OH AS A CONSE	DUENCE OF	rj:								
0.00	d				-								_
PART II. Other significent	t conditions	contributing to	deeth but not	resulting	In the u	nderlyli	ng ceuse (	given in	Part I.	24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
								16	- 2	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									-	1 YES 2	□ NO		OF DEATH?
									-				1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL T												
EXAMINER?		HOSPITAL:			OTHE	R:	LACE OF D						
1 X YES 2 NO		1 Inpatient 2					me 5X Re	sidence					
	ending	28a. DATE OF (Month, D		28b. TIM INJ	URY	W	JURY AT ORK?	-11/2	28d. DES	CRIBE NOW I	NJURY OC	CURED	
2 Accident	vestigation	Found:		unkno			YES 2 5	ΝO	unkr				
	ould not be	bullaing,	F INJURY — At he etc. (Specify)	me, ferm, s	street, tec	tory, offi	Co		28t. LOC	ATION (Street or Town, State)	1 20 4	r or Rural F	Route Number,
		round:	Basement						Balto	.,MD	1304	M. Ch	ester Street
29a. CERTIFIER 1 CERTIF	YING PHYSIC	IAN: To the best of	my knowledge, de	eth occum	ed at the t	time, dat	e and place	, end due	to the cau	se(a) end mer	iner ee ste	rted.	
anal .													e) end menner as stated.
29b. SIGNATURE AND TITLE O	F CERTIFIER	0.0		-			290 1101	ENSE NUR	IRER		204 047	E SIONES	(Month, Day, Year)
1		1. (%	1						- VEN		h .	4-11-	
30. NAME AND ADDRESS OF F	PERSON WHO	COMPLETED CALL	SE OF DEATH (ITE	M 27) /3ma	Print)		10.C.	M.E.			- 04	т. т.т.	1774
				a. j (1)/p/0,		T- T- T-				IMORE			

1992 TRAN Shiphanghandoon Mandase 31. DATE FILED (Month, Day,

P



5:20 8. BIRTHPLACE (State or Foreign Country) Washington, D.C

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

۰

25d. DATE SIGNED (Month, Day, Worl)

1500 BLK.W.FAYETTE

on end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and menner se stated.

29c. LICENSE NUMBER

PENN STREET, BALTIMORE, MARYLAND

Approximata interval Between Onset and Death

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPA					MENTAL	HYGIENI REG. NO.	E			- 20
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O				3. TIME OF	DEATH
	DAVID		FRANKLI	N		В	ROOK	S	SR.	04	12		YEAR	5:20	P
	4. SOCIAL SECURITY NUMB	ER	5. SEX		rs. last birthday)	_	ER 1 YEAR	_	ER 24 HRS.	7. DATE O	FBIRTH		S. BIRTH	PLACE (Stell	or Foreign
	216 66 52	29	1 🖾 M 2 🗌 F	36	O YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, 2/25	Day, Year) 5/1956	5	Counti	ingto	
	9a. FACILITY NAME (If not in	stitution, give s	treet end number)		-	9b. CIT	TY, TOWN	OR LOCA	TION OF D	EATH			NTY OF D		
DIRECTOR	M.I.E.M.S.S					BAI	TIMO	RE				=		===	
Ĕ	10a. STATE	10b. COUNT	٧		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE	
	Maryland	===	=====		Ва	altin	nore							LIMITS 1- YES	
A	10e. STREET AND NUMBER						10	f. ZIP CO	DE			10g. CITI	ZEN OF V	VHAT COUNT	
ER	841 Jeffre	ey Str	eet					21	225			U.	S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE V 1 974-1	X YES 2	ON D	13	If yes, sp	ecity Cui		NIC ORIGIN? en, Puerto Ri fy:		or No-	14. RACI Black Speci	E — Americer k, White, etc. lly: White	
ED	15. DEC	EDENT'S EDU highest grade	CATION		a. DECEDENT	S USUAL	OCCUPATI	ON		16b. I	UND OF BUS	INESS/INC	USTRY	WILL	
<u>u</u>	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of				king						
P					Bridge	Pa:	inte	:		E	ainti	ng C	ompa	ny	
COMPLETED	17. FATHER'S NAME (First, M.			Dece				18. MC		ME (First, Mi		,			
BE			ranklin	Broo					Beve		Pyle				
9	Kelly Brool									Route Numbe Balt				nd 21	225
	20a. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	cemeter	ACE AND DATE	OF DISPO	SITION (N	ame of		DATE	20c. LO	CATION	City or To	wn, State	
	21. SIGNATURE OF FUNERAL		ENSEE	Mu.	State				ESS OF FA	4-17	Cro	wnsv	ште	, Mar	/Land
	> Lm n	"Y	12 m	11111	100		Georg	je J	. Gor	ice Fu					
	23. PART i. Enter the di	seases, or	complications the	it caused th	e death. Do	not ente	r the mo	de of d	ving, auc	riwy .	Baltl	more	, Ma	. 212	25 eximata
	ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	Part Inline	List only one can	NSHO	line.					3 Dow	\	atory and		inter	al Betwee
			DUE TO	(OR AS A CO	NSEQUENCE (	OF):									
ATION	Sequentially list conditi If any, leading to immedicause. Enter UNDERLY!	flate	b. DUE TO	(OR AS A CO	NSEQUENCE (	OF):								+	
CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS	ry S	eDUE TO	(OR AS A CO	INSEQUENCE (	OF):									
2	DART II Other classifies	a and distant											_		
BY PHYSICIAN: MEDICAL	PART ii. Other aignifica	nt condition	s contributing to	deeth but i	not reaulting	In the u	inderlyin	g cause	given in		PERFOR	MED?	24b	WERE AUTOF MAILABLE P COMPLETION OF DEATH?	RIOR TO
AN	25. WAS CASE REFERRED TO	MEDICAL													
2	EXAMINER?	MEDICAL	HOSPITAL:	-0.76		OTHE	R:			neck only one)					
ΗXS	1 X YES 2 NO		1 inpatient 2						Residence	6 Other					
3Y Pt	1 Netural 5 🗌	Pending Investigation	26e. DATE OF (Month, D) (Month, D) (Month, D)	Day, Your)	1:00	JURY		VES 2	<b>№</b>	117.	RIBE HOW IN		10111		
144															

28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify)

STREET

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and m

3 Suicide

29e. CERTIFIER (Check only one)

MARTO

1992

BE COMPLETED

5

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARY	CERTIFICATE OF DEA		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, La	•	011-1-0	2. DATE OF MONTH		3. TIME OF DEATH
	OCTA .		BUTLER	4	11 9	2 6.00
	2/3-07-1283	1 M 2 DF	IE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR HOURS	R 24 HRS. 7. DATE OF I	ly, Year)	BIRTNPLACE (State or Fore Country)
	9a. FACILITY NAME (If net institution, gi		9b. CITY, TOWN OR LOCAT		9c. COUNTY	Y OF DEATH
TOR	BALTIMOR & C	ounty Gen	. HOSP BALTIN	1084	Z	Balto
DIRECTOR	10a. STATE 10b. COL	INTY	10c. CITY, TOWN OR LOCATION	- /		10d. INSIDE CITY
	Ma		BALTIMORO	City		LIMITS?
ERAL	3507 LIBERT	- Hi-6+	101. ZIP COC	DE	10g. CITIZE	N OF WHAT COUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ABMED 13, WAS DECENDENT	OF NISPANIC ORIGIN? (S	pecify Yes or No.— 14	I. RACE — American India
	1 Never Married 2 Married	FORCES? 1 YE	ES 2 PINO If yes, specify Cub	an, Maxican, Puerlo Rica	n, etc.)	Black, White, etc.
D BY	3 Widowed 4 Divorced					BIACK
ETE	15. DECEDENT'S I (Specify only highest o	rade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work life. Do NOT use retired.)	ing 16b. Kit	ID OF BUSINESS/INDUS	STRY
1PL	Elementary/Secondary (0-12)	College (1-4 or 5+)	DEMESTIC			
COMPL	17. FATHER'S NAME (First, Middle, Last)			HER'S NAME (First, Midd	le, Maiden Surname)	
BE			140	ccy		
2	199 INFORMANT'S NAME (Type/Print)	Ritler	19b. MAILING AODRESS (Street and Number	1/ 1. 5	2-14 11	71
	20s. METHOD OF DISPOSITION	2	20b. PLACE AND DATE OF DISPOSITION (Name of	DATE OATE	20c. LOCATION - CH	y or Town, State
	tyle Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) _	lamoval from State	WeStern Star	4-14-9	CATONSVI	He Ma
	21. SIGNATURE OF FUNERAL SERVICE					
	4.5	LICENSEE	22. NAME AND ADDRE	ESS OF FACILITY		
	· Wome. The	Blocon			SE W. NOA	eth Ave
	23. PART I. Enter the diseasea, abook, or heart falls	Brocon or complications that cause	WM. C. Z.	RELOW 120		t, Approximat
	IMMEDIATE CAUSE (Final	Stocon or complications that cause re. List only one ceuse on	wh. C. Z. sed the deeth. Do not enter the mode of dyn each line.	RELOW 120		t, Approximat interval Bet Onset and
	anock, or heart fallu	Brocon  or complications that cause re. Liet only one ceuse on  SE	sed the deeth. Do not enter the mode of dy neach line.	RELOW 120		t, Approxima interval Be Onset and
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1992 July January Mandall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First. Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH YEAR JUNIOR GEORGE BELL 04 1992 04:28 433 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dev Year) 1-27-1919 B. BIRTHPLACE (State or Foreign Country)
PENNSYLVANIA 673 MONTHS DAYS HOURS MIN 1 M 2 F 219-18-2219 73 Ves 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE 7.8 RESIDENCE OF DECEDENT 112 10e STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 YES 2XX NO permit FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1923 FRAMES ROAD burial-transit 21222 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 1F YES, GIVE WAR OF DATES. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Slack, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: BY Specify: DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 3 Widowed 4 Divorced detached for use as the WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY most of working Elementary/Secondary (0-12) College (1-4 or 5+) STEELWORKER BETHLEHEM STEEL 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surname) must be notified at page 5 should be GEORGE WILLIAM BELL MARY ELIZABETH BEVAN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 VEVA MAE BELL 1923 FRAMES ROAD BALTIMORE, MARYLAND 21222 20a METHOD OF DISPOSITION
1 Curiel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State filled in by the funeral director, SACRED HEART OF JESUS CEM 4/15 BALTIMORE. MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BUDA-RUCK FUNERAL HOME OF DUNDALK INC. 1922 WISE AVENUE DUNDALK MD medical 23: PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart feilure. List only one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final Onset and Death ihe ihe disease or condition lar 2 hou completely event, resulting in death) Cremi DIVISION OF VITAL RECORDS, P.O. BOX 68760, OF ONALY A LETY prior to burial. traumatic CERTIFICATION attending physician and ntal Hygiene prior to bun Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atter injury. PHYSICIAN: MEDICAL PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE has been signed by the Dept. of Health and N T 23 shows any Inj 24a. WAS AN AUTOPSY austro intestina hemorrhage 1 YES 2 NO shows ( OF DEATH? 1 WES 2 NO the State D. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 VES 2 NO tripetient 2 - ER/Outpetient 3 - DOA 4 🗆 Nu ng Home 5 - Residence 6 - Other (Specify) 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, this 1 Natural 5 Pending Investigation DIRECTOR: After the hours after death v BY 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT DE filed within 72 hours ≈ IMPORTANT: If Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner es stated.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

JOHNS

etz

32. REGISTRAR'S SIGNATURE

Vin

31. DATE FILED (Month, Day Year) 14 1992

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

Joseph

29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

10401 ta

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Piours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JOSEPH F. BRAMBLE  1. DITCO PEAN  A. SOCIAL SECURITY NUMBER 2. 1. 2. 3. THE OF D  A. SOCIAL SECURITY NUMBER 2. 1. 2. 3. THE OF D  A. SOCIAL SECURITY NUMBER 2. 1. 2. 3. THE OF D  A. SOCIAL SECURITY NUMBER 2. 1. 2. 3. THE OF D  A. SOCIAL SECURITY NUMBER 2. 1. 2. 3. THE OF D  A. SOCIAL SECURITY NUMBER 2. 1. 2. 3. THE OF D  A. SOCIAL SECURITY NUMBER 2. 1. 2. 3. THE OF D  A. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY OF DESCRIPTION 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY OF DESCRIPTION 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY OF DESCRIPTION 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY OF DESCRIPTION 3. SOCIAL SECURITY OF DESCRIPTION 3. SOCIAL SECURITY OF DESCRIPTION 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 3.	JOSEPH F • BRAMBLE  2. DATE OF DEATH MONTH  13 3. TIME OF DEATH MONTH  14 13 92  6. AGE (In yrs. lest birthday)  F UNDER 1 YEAR F UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, West)  8. BIRTHPLACE (State or Fore				REG. NO.	H	F DEAT	ICALE				REGIST
4. SOCAL SECURITY HAMBER 212-30-7373  10	8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH  MONTHS DAYS MALES MAN (Month, Day, Well)  Gountry  Country		YEAR 3, TI		DATE OF DEATH	2. 0					IT'S NAME (First, Middle, Last)	1. OECEDENT
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10. SPRODE  10. STREET AND NUMBER  35 LINCOLN WOOD WAY  11. MARTAL STATUS 2 NAME PROPERTY EVER IN U.S. ARMED PROPERTY OF THE STATE COUNTY OF THE S	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY	DE CITY	10d.				CATION	Y, TOWN OR L	10c. CIT			10e. STATE
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16. DECEDENT'S BUICATION  (Speedly only highwat grade completed)  [Elamentery/Secondary (0-12)   12   12   12   12   12   12   12	If yes, specify Cuben, Mexicen, Puerto Rican, etc.)  E WAR OR DATES  1 YES 21 NO Specify:  Specify:  Specify:	ic.	Specify:	or No—	RIGIN? (Specify Yes serto Rican, etc.)	i, Mexicen, Pue	specify Cube	I If ye	2 NO ATES	FORCES?	Merried 2 Merried	I D IMMAN IN
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190. NFORMANT'S NAME (Type/Print)  BEATRICE L. BRAMBLE  190. NETNO OF DISPOSITION 1 □ Burlei 2 □ Cremation 3 □ Removal from Stale 200. PLACE AND DATE OF DISPOSITION (Name of combine) 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE  PROVIDENCE  22. NAME AND ADDRESS (Street end Number or Rural Route Number, City or Town, Steele, Zip Code)  200. PLACE AND DATE OF DISPOSITION (Name of combine) 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  PROVIDENCE  22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS AND SONS 4905 YORK ROAD., BALTIMORE, MD. 2  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreet, interval disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  BEAGIN METASTASIS  DUE TO (OR AS A CONSEQUENCE OF):  C. BEAGIN METASTASIS  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR										DIE		17. FATHER'S
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PROVIDENCE METH.CEM.4/15  LUTHERVILLE, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  PROVIDENCE METH.CEM.4/15  LUTHERVILLE, MD.  22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS AND SONS 4905 YORK ROAD., BALTIMORE, MD.2  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUE	E 35 LINCOLN WOOD WAY. PERRY HALL, MD. 211	21128				D WAY	WOO	INCOL	35 L		ATRICE L. 1	BEA
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	cemetery, cremetory or other place)	2100						ther placel	netery, cremetory or o		OF DISPOSITION  2 Cremation 3 Rem on 5 Other (Specify)	20e. METNOD  1 Donation
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND METASTASIS  OUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND TOMOR  DUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND TOMOR  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND TOMOR  DUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND TOMOR  DUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND TOMOR  DUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND TOMOR  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND TOMOR  DUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND TOMOR  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DISEMBLAND TOMOR  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS	22. NAME AND ADDRESS OF FACILITY	.2109			Y	S OF FACILITY	ANO ADDRES	22. NAN	TOATDEN	INSEE		
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m 2 Accident investigation 4/13/92 6:25 AM 1 VES 2 NO N/A	TO MOR  to deeth but not resulting in the underlying ceuse given in Part I.  IVE PULMONARY DISEASE  DISEASE  2 TO ALCOHOL  28. PLACE OF DEATH (Check only one)  28. ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 8 Other (Specify)  OF INJURY  28b. TIME OF 28b. INJURY AT 28d. DESCRIBE NOW IN HIDTO OCCUPED.	PRIOR TO ON OF CAUSE	AWAIL/ COMP OF DE	MED?	I. 24a. WAS AN A PERFORM  1 YES 2  Other (Specify)	Ven In Part I.  EASE  COHOL  ATH (Check only)  Idence 8 0	TC  ng ceuse g  Dr'S  ALI  PLACE OF DE  me 5   Res	In the under	CONSEQUENCE OF CONSEQ	OUE TO (OR A  DISS  Contributing to deet  TRUCTI VE  VIER D  HOSPITAL: 1 A Impatient 2 - ERVC	ting to immediate or UNDERLYING seaso or Injury and eventa in death) LAST  ther algnificant condition  ONICE OBS  CONICE LIE  BUSE  E REFERRED TO MEDICAL  ER?  12 NO  OF DEATN	Cause. Ente CAUSE (Dis- that intilerer reaulting in  PART II. Oth CHRO A-B 25. WAS CASE EXAMINER 1   YES 27. MANNER O
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29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner as stated.	to deeth but not resulting in the undertying ceuse given in Part I.    VE FULMONARY DISEASE   2 TO ALLOHOL   1 YES 2 NO   NAWILABLE PRIOR TO COMPLETION OF CAU OF DEATH?   1 YES 2 NO   1 Y	PRIOR TO ON OF CAUSE 2 DVNO	AMAILL COMPPORT OF DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MED?  NO  NO  NUTRY OCCU  NO NUMBER OF THE PROPERTY OF THE PRO	I. 24a. WAS AN PERPORT 1 YES 2  Other (Specify)  DESCRIBE NOW IN A  LOCATION (Street ar City or Yown, Stets)	ven in Part I.  EASE OHOL  ATH (Check only) Idence 8 0 28d. I	PLACE OF DE  PLACE OF DE  PLACE OF DE  TORK?  YES 2	in the under  A PY  OTHER: 4   Nursing  E OF   28c  URY  SAM   1  street, factory,	CONSEQUENCE OF CONSEQ	OUE TO (OR A  CONTRIBUTING TO GENT  WERE  MOSPITAL:  Inputent 2 = ERVC  28e. DATE OF INJUT  (Month, Day, Yes  building, etc. (S)  AN: To the best of my kr	ting to immediate or UNDERLYING sease or Injury and events in death) LAST  ther significant condition  ONICL OBS  CONIC LI  BUSE  E REFERRED TO MEDICAL  ER?  12 No  OF DEATN  ral  5 Pending investigation  investigation  death  Could not be determined  ER.  12 CERTIFYING PNYSE	Cause. Ente CAUSE (Dis- that inities resulting in  PART II. Oth  AB  25. WAS CASE EXAMINER  1
29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  20e. CERTIFIER (Check one)  20e. CERTIFIER (Check one)  20e. CERTI	to deeth but not resulting in the underlying ceuse given in Part I.    VE	PRIOR TO ON OF CAUSE 2 NO 2 NO NO.	AMALL COMPTON OF DE 1   1   V  URED  A Rural Route No.  ceuse(e) end n	NO NO NO NO NO NO NO NO NO NO NO NO NO N	I. 24a. WAS AN PERPORT 1 YES 2  Other (Specify)  DESCRIBE NOW IN A  LOCATION (Street ar City or Yown, Stets)	Ven In Part I.  LASE  LOHO L.  ATH (Check only  Idence 8 0  28d. I.  NO  28l. L.  and due to the d at the time, d	PLACE OF DE  PLACE OF DE  PLACE OF DE  MR 5   Res  IJURY AT  ORK?  YES 2  de end place, death occure	in the under  A PY  OTHER: 4   Nursing  E OF   28c  URY  SAM   1  street, factory,	CONSEQUENCE OF CONSEQ	OUE TO (OR A  CONTRIBUTING TO GENT  WERE  MOSPITAL:  Inputent 2 = ERVC  28e. DATE OF INJUT  (Month, Day, Yes  building, etc. (S)  AN: To the best of my kr	ting to immediate er UNDERLYING sease or Injury ed eventa in death) LAST  ther algnificant condition  ONICL OBS  CONIC LI  CON	Cause. Ente CAUSE (Dis- that inities resulting in  PART II. Oth  CHRI  25. WAS CASE EXAMINER 1   YES  27. MANNER O 1. Neture 2   Accide 3   Suicid 4   Nomic
296. SIGNATURE AND TALE OF CERTIFICATION Day, 196	to deeth but not resulting in the undertying ceuse given in Part I.    VE	PRIOR TO ON OF CAUSE 2 NO 2 NO NO.	AMALL COMPTON OF DE 1   1   V  URED  A Rural Route No.  ceuse(e) end n	NO NO NO NO NO NO NO NO NO NO NO NO NO N	I. 24a. WAS AN PERPORT 1 YES 2  Other (Specify)  DESCRIBE NOW IN A  LOCATION (Street ar City or Yown, Stets)	Ven In Part I.  LASE  LOHO L.  ATH (Check only  Idence 8 0  28d. I.  NO  28l. L.  and due to the d at the time, d	PLACE OF DE  PLACE OF DE  PLACE OF DE  MR 5   Res  IJURY AT  ORK?  YES 2  de end place, death occure	in the under  TED  In the under  A CY  OTHER: 4   Nursing E OF URY  A   1  street, fectory, and at the time, n, in my opinic	CONSEQUENCE OF CONSEQ	OUE TO (OR A  CONTributing to deet  RUCTI VE  VERE  DEPLATE OF INJUS  (Month, Day, Yes  4 1 3 1 2	ting to immediate er UNDERLYING sease or Injury ed eventa in death) LAST  ther algnificant condition  ONICL OBS  CONIC LI  CON	Cause. Ente CAUSE (Dis- that inities resulting in  PART II. Oth  CHRI  25. WAS CASE EXAMINER 1   YES  27. MANNER O 1. Neture 2   Accide 3   Suicid 4   Nomic  29e. CERTIFIER (Check only one)  29b. SIGNATUR
296. SIGNATURE AND THE OF CERTIFIERS  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Yea  4/13/92	to deeth but not resulting in the undertying ceuse given in Part I.    VE FULMONARY DISEASE   1 YES 2 NO   NAWILABLE PRIOR TO COMPLETION OF CAU OF DEATH?   1 YES 2 NO   1 YES	PRIOR TO ON OF CAUSE 2 NO 2 NO NO.	JIRED  JRED  JRED  AMAIL COMPPONE  1	NO NO NO NO NO NO NO NO NO NO NO NO NO N	I. 24a. WAS AN A PERFORM 1 YES 2  Other (Specify)  DESCRIBE NOW IN  LOCATION (Street ar City or Town, Steep) 9 cause(e) end menn date end place, and	Ven In Part I.  LA SE  OHO L  ATH (Check only)  Idence 8 0  28d. I  NO  28l. L  and due to the d at the time, d	PLACE OF DE  PLACE OF DE  PLACE OF DE  Me 5   Res  JURY AT  ORK?  YES 2  de end place, death occure  29c. LICER	in the under  TED  In the under  A CY  OTHER: 4   Nursing E OF URY  SAM 1  street, fectory, and at the time, an, in my opinic	CONSEQUENCE OF CONSEQ	OUE TO (OR A  COMPLETED CAUSE OF  ATO VS. Y	ting to immediate or UNDERLYING seaso or Injury and events in death) LAST  ther significant condition on the seaso or Injury and events in death) LAST  ther significant condition on the season of th	Cause. Ente CAUSE (Dis- that inities resulting in  PART II. Oth  AB  25. WAS CASE EXAMINER  1



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	FOR	OTATE OF								9	2	10297
	1 - STATE REGISTRAR	SIAIE UF	MARTLAND C	/ DEPAI	ICAT	T OF H	DEAT	and me H	NTAL HYGIEN	4E		
	1. DECEDENT'S NAME (First, Middle, Last)						DLA	2.	DATE OF DEATH		3	. TIME OF DEATN
	MARQUERITE	A. BIG	191NS					1			YEAR 2	11:15A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	nst birthday)		R 1 YEAR	IF UNDER 2		DATE OF BIRTN		BIRTNPL	ACE (State or Foreign
	212-05-1613	1 🗆 M 2 💢 F	86	YRS.	MONTHS	DAYS	HOURS	MIN. 6	(Month, Day, Year)	0.5	Country)	yland
	9a. FACILITY NAME (If not institution, give a				9b. CIT	Y, TOWN (	OR LOCATION			9c. COUNT		
OR	Mercy Medical	Center			]	Balt	o.Ci	tv.M	d.			
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT											
DIRECTOR	Md. 10a. STATE 10b. COUNT	*			.,	OR LOCAT		_			10	Dd. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER			B	alto		ty,M	.d.		T		X YES 2 NO
RA	1611 S.(	Tharles	CT			101	. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?
FUNERAL	11. MARITAL STATUS			DITED	1.0			1230			USA	
	1 Never Married 2 Married	12. WAS DECEDED	YES 2	MO	13.	If yes, sp	ecify Cuben,	Maxican, P.	ORIGIN? (Specify Ye uerto Rican, atc.)	s or No-	4. RACE - Black, V	- American Indian, Vhita, etc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 [] YES	2 X NO	Specify:			Specify:	White
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. D	ECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND OF BU	SINESS/INDUS		MILLEE
	Elementary/Secondary (0-12)	College (1-4 or 5		le. Do NOT u	work done se retired.)	auring mo	st of working					
M P	9th.Grade			Sup	ervi	sor			C.&	P.Tel	leph	one Co.
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						1e. MOTHE	R'S NAME	First, Middle, Malder	Surname)	111	
BE	George	]	Egan					ary			lark	
2	19a. INFORMANT'S NAME (Type/Print)		19						Number, City or Tov			
_	Gloria H.Wharr	У		431	Mad	ling	ley 1	Rd.L	inthicu	m, Md.	21	090
	20a, METHOD OF DISPOSITION 1 (A Buriel 2 Cremetion 3 Ram	oval from Stata	20b. PLACE cerpetery, cr	ematory or o	OF DISPO	SITION /Na	me of	1	OATE 20c. LC	CATION — CH	y or Town	, Slate
	4 Donation 5 Other (Specify)  21. SIONATURE OR FUNERAL SERVICE LIG	PENCEE /	Gler	1 Hav	<i>r</i> en	Mem	oria.	1 Pk	.4/16 G	len E	Burn	ie,Md.
		1. 1.	1						Balto.			
	YVarnel 1	1. 1/6/4	UM									Fort Ave
	23. PART i. Enter the diseesea, or ehock, or heert fallure.	complications the	it caused the d	leeth. Do i	not enter	r the mo	de of dying	g, auch as	cerdisc or resp	Iratory arres	it,	Approximate
	iMMEDIATE CAUSE (Final disease or condition		4.4				-/					Onset and Deat
	resulting in death)		rollores			M	rest					
		DUE TO	(OR AS A CONSE	DLIENCE O	F): /	11		ماد	-			
RTIFICATION	Sequentially list conditiona,	b. DUE TO	OR AS A CONSE	DOU	Lev.	OK	stru	CHUN	1			
¥	if any, leading to immediate cause. Enter UNDERLYING	K	1	rema		0 -1	liere					
프	CAUSE (Diseese or injury that initiated events	C. DUE TO	(OR AS A CONSE			100						
ERT	resulting in deeth) LAST	4	Sehsus			-						1
O	DADT II Other significant condition											+
MEDICAL	PART ii. Other significant condition	a contributing to	death but not	reauiting	in the u	nderlying	Cause giv	ven in Pari	t i. 24a. WAS AN PERFO		Ale	ERE AUTOPSY FINDINGS RILABLE PRIOR TO
ğ									1 TYES	NO		MPLETION OF CAUSE DEATH?
											- 1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
2	EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF DEA					
PHYSICIAN:	27. MANNER OF OEATH	1 Inpetient 2 28e. DATE OF		26b. TIM		26c. INJ			Other (Specify)  1. OEŞCRIBE HOW	N HIM ARK	250	
	1 Netural 5 Pending	(Month, E		INJ	URY M		RK?		. DESCRIBE HOW	NJUHT OCCU	REU	
) BY	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE C	F INJURY — At h	ome, farm,	streat, tec	_			LOCATION (Street	and Number or	Rural Roul	Number.
ETED	4 Nomicide determined	building,	etc. (Specify)						City or Town, State)			
PLE	294. CERTIFIER (Check only t CERTIFYINO PNYS)	CIAN: To the best of	my knowledge d	eath occum	ed at the t	lime, data	and piece	and due to 1	he country and			
COMPL	(Check only one)  2 MEGICAL EXAMINE											d manner se stated
	29b. SIGNATURE AND TITLE OF CERTIFIER					T						
BE	gover 10	PLANT	Mb				ZYC. LICENS	SE NUMBER		1		3. 92.
2	30. NAME AND ADDRESS OF PERSON WA	O COMBI ETED CALL	DE OF DEATH WATE	14 8T (T	014					4	- 1	074.

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1992

132. REGISTRAN'S SICHATURE



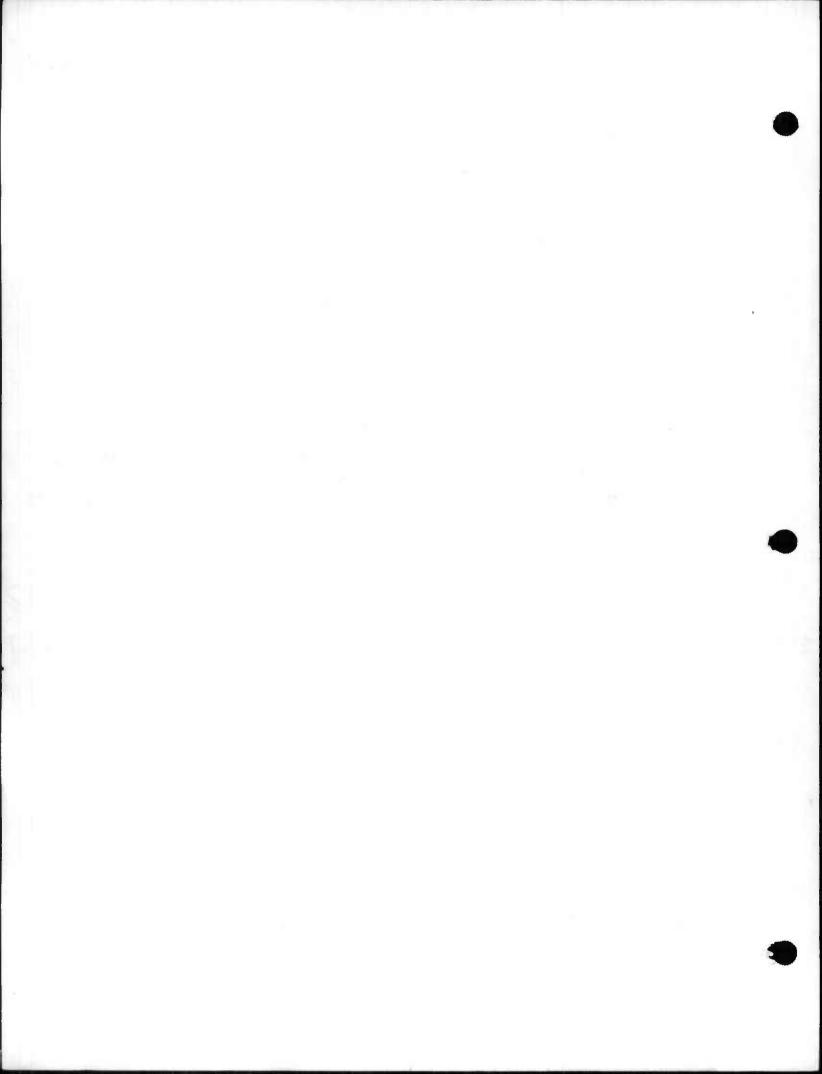
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25.Le-0.....

	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT ICATE				MEN	ITAL HYGIENI REG. NO.	E		
į	1. DECEDENT'S NAME (First, Middle, Lest)  Radmi Blank	ae NA	IMO	Ε.	BEA	ARDI	10RE	;		DATE OF DEATH	Y	42	3. TIME OF DEATH  5 1 30 Am M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER		IF UNDER			Month, Day, Year)		8. BIRTH	HPLACE (State or Foreign
	215-07-5840	1 🗆 M 2 💢 🔭	84	YRS.	MONTHS	DAYS	HOURS	MIN.		n. 18,	190	-	Maryland
	9e. FACILITY NAME (If not institution, give at				9b. CITY,	TOWN O	R LOCATI	ON OF OR	EATH	·	9c. COL	INTY OF C	The state of the s
e l	Chesapeake Man	or Nurs	ing Ho	me	Ar	no1	Lđ				Ann	e A	runde1
ᇈᅵ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		100 00	Y, TOWN O	B I OCAT	ION						10d. INSIDE CITY
<u> </u>		Arunde	. 1	100.01	Pasa	_							LIMITS?
2	100, STREET AND NUMBER	AI ullue	т.		Pasa		ZIP COD				10a CI	TIZEN OF 1	1 TYES 2XXNO
FUNERAL DIRECTOR	261 Harlem R	oad				1.0	211						States
¥	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMFO	13. V	MAS DEC			NIC O	RIGIN? (Specify Yes			E — American Indien,
	1 Never Married 2 Merried		YES 2 💢		] H	f yes, spi	city Cubi	n, Mexica	in, Pu	erto Rican, etc.)		Blac	k, White, atc.
B≼	3. Widowed 4 Divorced	17 123, GIVE V	INTERIOR DATES		- 1 '	_ 1c3	ZX NO	opecny	у.			Spec	*** White
COMPLETED	15. DECEOENT'S EOUC (Specify only highest grade		16a. D	ECEOENT'S	USUAL OC	CUPATIO	ON et of world	na		16b. KIND OF BUS	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	- In	fe. Do NOT u	se retired.)								
₩ M	12				Cle	erk				Depart			tore
8	17. FATHER'S NAME (First, Middle, Last)									First, Middle, Maiden	,		
BE	Henry		-	ndt				11i					hodes
2	19e. INFORMANT'S NAME (Type/Print)		1							Number, City or Town			
	Mr. Jerome Sti	ndt								sadena,			
	20e. METHOD OF DISPOSITION  12 Durial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	Glen	e of dispo	en M	ne of cen 1em .	Pa	retory or	4/	11/92 0	cation - 31en	Bu:	rnie,MD.
	21. SIGNATURE OF FUNERAL SESSITE LIC	ENSEE			22. I	NAME AI	O ADDRE	SS OF FA	CILIT	ral Hon	10 0	f D	asadena
6	DIN XX	the											, MD. 2112:
	23. PART I. Enter the diseases, or o	omplications the	nt caused the c							2101 20			
			and the second the	Jeeth. Do	not anter	the mo	de of dy	ing, auc	h aa	cardiac or reapi	iretory a	rreat,	Approximate
	ahock, or heart failure.  IMMEDIATE CAUSE (Final		use on each ilr	ne.							iretory a	rreat,	
		Cen	eby Va	ne. Nu	Lev						iretory a	rreat,	Approximate interval Between
Z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Cen	use on each ilr	ne. Nu	Lev						iretory a	rreat,	Approximate interval Between
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	a. Cen	eby Va	re. requence of	L&V						iretory a	rreat,	Approximate interval Between
FICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	eby Ve	PLU EQUENCE (	L&V DF):						retory a	rreat,	Approximate interval Between
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	COR AS A CONS	PLU EQUENCE (	L&V DF):						iretory a	rreat,	Approximate interval Between
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO	O (OR AS A CONS	EQUENCE (	LBV DF): DF):	- K	lee	de	w	<i></i>			Approximate interval Between Onset and Death
اب	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO	O (OR AS A CONS	EQUENCE (	LBV DF): DF):	- K	lee	de	w	<i></i>	AUTOPS		Approximate interval Between Onset and Death D
اب	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO	O (OR AS A CONS	EQUENCE (	LBV DF): DF):	- K	lee	de	w	R I. 24a, WAS AN	AUTOPS\		Approximate interval Between Onset and Death Dea
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ED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OP DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	B. DUE TO b. OUE TO c. DUE TO d	D (OR AS A CONS D (OR AS A CON	EQUENCE C EQUENCE C EQUENCE C EQUENCE C T resulting	OFHES	26_Plores in the state of the s	G cause	given in	i Part	R I. 24a. WAS AN PERFOR 1 YES 2  Only one)  Other (Specify)  d. DESCRIBE HOW I  f. LOCATION (Street City or Town, State)	AUTOPS\ RMED?  NO  INJURY O	CCUREO	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
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32, REGISTRAR'S SIGNATURE Julia Davidan Boylan





TO BE COMPLETED BY FUNERAL DIRECTOR

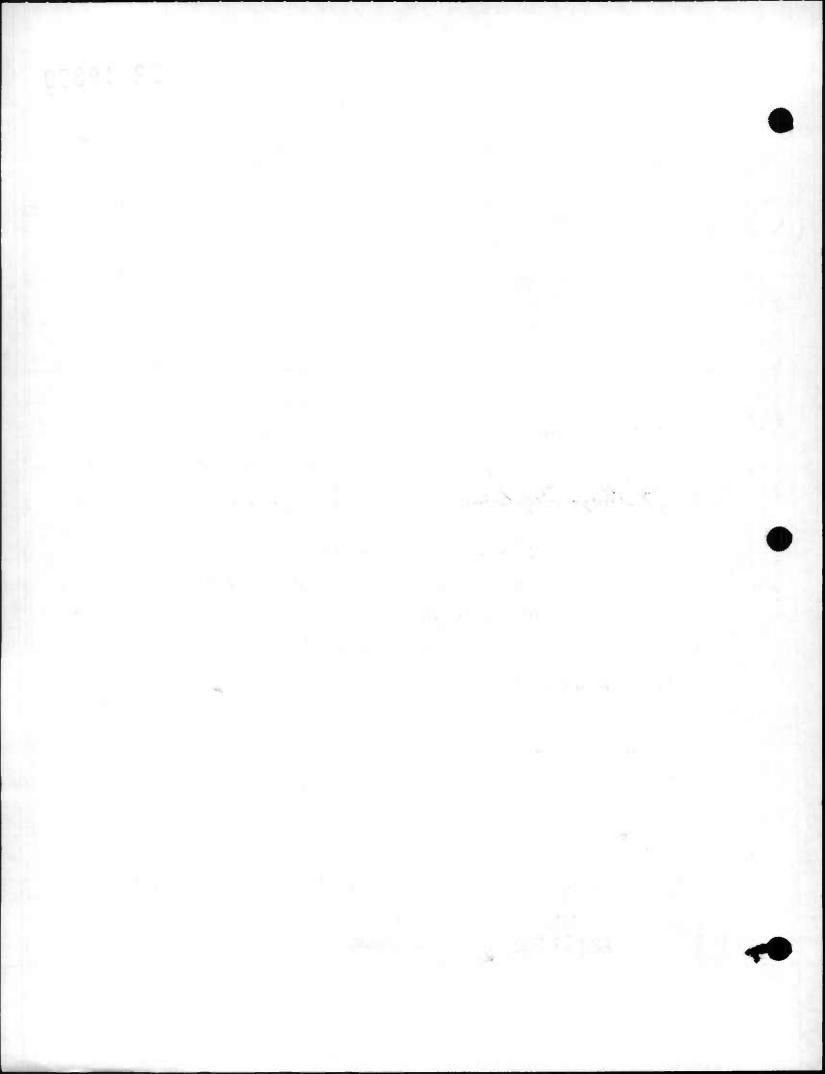
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune within 72 hours after sharth with the State Deot, of Health and Mental Hopiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (Fire	st, Middle, Lest)								2. DATE OF D			VEAD	3. TIME OF DEATH
	VILLIA	M	PETE	R		BR	UNETI	I	MONTH 4				2:00 A M
4. SOCIAL SECURITY NUM	IBER	5. SEX	8. AGE (In yrs.	lest birthday)	IF UNDER	DAYB	IF UNDER	24 HRS.	7. DATE OF SIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
205-01-638	3	1 X M 2   F	79	YRS.	MOWIFIS	DATE	HOURS	MAIN.	3-26-			PENNSYLVANIA	
9a. FACILITY NAME (If not	inatitution, give	atreet and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. CC					9c. COL	NTY OF E	EATH
	7922 TELEGRAPH RD.						SEVERN ANNE ARUNDEL					RUNDEL	
10e. STATE	10b. COUNT	TY		10c. CI	ry, town	OR LOCA	TION				-		10d. INSIDE CITY
MARYLAND	ANN	E ARUNDEI	,		SEVER	RN							LIMITS?
10e. STREET AND NUMBE		-				10	H. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
7922 TELEGI	RAPH R	D.					2114	4			U.S	S.A.	
11. MARITAL STATUS		12. WAS DECEDE			13.	WAS DE	CENDENT (	OF HISPAI	NIC OFIGIN? (Sp	ecify Yes	or No-		E American Indian, k, White, etc.
1 Never Married 2 3 Widowed 4 Di	-		1 X YES 2 WAR OR DATES				S 2 💢 NO		n, Puerto Rican y:	, etc.)		Spec	
		W.W.]											WHITE
(Specify o	CEDENT'S EDI	UCATION le completed)	16a.	(Give kind of	work done	durina m	ION lost of world	ng	16b, KIN	D OF BUS	BINESS/IN	DUSTRY	
Elementary/Secondary	(9-12)	College (1-4 or 5	+)						1777	COTA	101101	100 3	NG
8 YRS.	Miridle Leets	NONE		MACHI	MIST		10 14000	nebio via	ME (First, Middle			JSE_]	NC.
		דיד										)	
GUY  19a, INFORMANT'S NAME	BRUNET'	11		19b. MAII IN	G ADDRES	S (Street		RY or Rural	Route Number, C		CLOLO		
and the second second	BRUNET	TT							SEVERN,				
20s. METHOD OF DISPOS		-1	20b. PLA	CE OF DISPO									own, State
1 Burial 2 Cremat		moval from State	othe	ferso									. Pa
21. BIGHATTINE OF THE		KEHSEE	1 361	16130			UND ADDRE		CILITY	PI	LLSD	OL SH	, ra.
-V.	11	1 /1	4						JNERAL				
23. PART I. Enter the	100	(51	1										E, MD 21061
IMMEDIATE CAUSE (F disease of condition resulting in death)  Sequentially list cond if any, leading to imm	itions, ediata	b. Cardio Due for	O (OR AS A COM			Cell	· Ca	nen	viva	•			Onset and Deeth  MOS.
cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	Jury	c. DUE TO	O (OR AS A CON	SEQUENCE (	OF):								
PART II. Other significant	cant condition	ons contributing t	o death but n	/1	/	7 1	ng cause	given in	Part I. 24s	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Senere &	mply	sever + (	Krenic	130	rela	eter			10	YES 2	10		COMPLETION OF CAUSE OF DEATH?
Chremie	Ce	2 Mals	male								1		1 TES 2 NO
artu	Sten	0000 1	276	ASCI	UD				_				
25. WAS CASE REFERRED						26. (	PLACE OF 1	DEATH (C	heck only one)				
EXAMINER?		HOSPITAL:	ER/Outpetien	3 🗆 DOA	4 I No	R: Irsing Ho	me 5	esidence	5 Other (Sp	ecify)			
	Pending investigation		Dey, Year)	25b. TI	ME OF	W	JURY AT YORK? YES 2	□ NO	28d. DEŞCRII	BE HOW I	NJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined	28e. PLACE	OF INJURY — A g, etc. (Specify)	t home, ferm	, street, fa	ctory, off	ice			N (Street with State)		er or Rural	Route Number,
Course out out		SICIAN: To the best of											(s) and manner as stated.
29b. SIGNATURE AND TITE  30. NAME AND ADDRESS	Sur	trais	IRE OF BEATH	TEN OF C	a Bita			2Z8			29d. D/	TE SIGNE	(Month, Dey, Year)
DEVINIS A	1. SM	THUS.	3449	Wil		15/	tre.	5	1207	B	ALTO	3.4	0, 2,229.
31. DATE FILED (Month, De	PR 14	1992 8	TAR'S SIGNATUR	doon-R	ndell								

-		permit. Pages 1, 2, 3 should	
80, BALTIMORE, MARYLAND 21215-0020	within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Part 2, 3 should be detached for use as the burial-transit permit Part 2, 3 should	contactor, or emode a saminer must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal signed and signed by the attending physician and completely filled in by the formal signed and signed by the attending physician and completely filled in by the formal signed in the signed and signed in the signed and signed in the signed and signed in the signed	We men whim it hours are been with the base been. On resent any mental hydres provide broads, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, La: WESLEY	LEE	В	00ZE		2. DATE OF DEATH MONTH D	9 92	3. TIME OF DEATH 10:50 AM M		
	4. SOCIAL SECURITY NUMBER		GE (in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.8	IRTHPLACE (State or Foreign		
	216-09-2829	1 🔀 M 2 🗆 F	83 YRS.	YRS. MONTHS DAYS HOURS MIN. (Morith, Day, Year) May 24,1				ountry) MARYLAND		
	De. FACILITY NAME (If not institution, given	re street and number)		9b. CITY, TOWN	OR LOCATION OF D	1 "	9c. COUNTY C			
CTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNT									
H.	10a, STATE 10b, COU	UMITS?								
۵		E ARUNDEL	GLE	N BURNIE				1 YES 2 NO		
NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE  NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE  NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE  10c. CITY, TOWN OR LOCATION  MARYLAND ANNE ARUNDEL GLEN BURNIE  10c. CITY, TOWN OR LOCATION  10c. CITY,										
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 VES 2 NO  13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes or No									
3 □ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ☒ NO Specify: WHIT]										
	15. DECEDENT'S E (Specify only highest gro		16a. DECEDENT'S	USUAL OCCUPATIO	ON at of working	166. KIND OF BU	ISINESS/INDUSTR	TY .		
COMPLETED	Elementary/Secondary (0-12)	Coffege (1-4 or 5 +)	AV	rork done during mo e retired.)						
MP	12	NONE	UNKNOWN	RETIRED	1968	WESTER	N ELECT	RIC		
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Malden	Surname)			
BE	UNKNOWN  19a. INFORMANT'S NAME (Type/Print)	BOOZE				NOWN				
2	MRS. E. LEONA BO	)07F				Houte Number, City or Tow BURNIE, MAI				
	20s. METHOD OF DISPOSITION									
	2039urial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) Glen Haven Memorial PARK 1992 GLEN BURNIE, MD.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SINGLETON FUNERAL HOME									
	23. PART I. Enter the diseases, of	or complications that can	and the death Do a	1 SECC	ND AVE.	S.W. GLEN	BURNIE	, MD. 21061		
	ahock, or haert fallur	e. Liet only one cause or	aach line.	ot arital tria mo	ua or uying, auc	m as cardiac or resp	eratory arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Cause	H	and E	Asimo	5		Onset and Death		
- 1	resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF	n:				YEARS		
NO	Sequentially list conditions, b. ATTHEOSE SPUTTER CORPANY APPER DES SASE X SASE									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	ASSACRAS	To Acura	Pour	Tage	15		Proc		
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR A	8 A CONSEQUENCE OF	)-	740			2773		
E	resulting in death) LAST	a Scorzepino	STO ON C	HRINE	JENG.	FARIUN	5			
2	PART il. Other algnificant conditi	ions contributing to death	h hut not consistent	a the conductor						
EDICAL	The The The The The The The The The The		EULPTUS	n the underlying	cause given in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
Ē	THE W	1432123 · (	2114			YES 2	I NO	OF DEATH?		
Σ								1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 Dt	ACE OF DEATH (C)	in the section of the		-		
딣	EXAMINER?  1 YES 2 NO	HOSPITAL:	hatmations 2 7 204	OTHER:						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR				6 Other (Specify) 28d, DE\$CRIBE HOW I	INJURY OCCUPE	1		
	1 Metural 5 Pending	(Month, Day, Yee	r) INJ	JRY WO	RK? ES 2 NO		MOOIII OOOOIILI			
BY	2 Accident Investigatio 3 Suicide 8 Could not b	28e. PLACE OF INJU	PRY — At home, farm, a			281. LOCATION (Street	and Number or Ru	ral Route Number		
COMPLETED	4 Homicide determined		(pecify)			City or Town, State)				
۳	29a. CERTIFIER 1 28 CERTIFYING PH	YSICIAN: To the best of my kn	couladae deeth accurre	d at the time date	and alone and due					
ž I		INER: On the basis of axamina						se(s) and manner as stated		
	29b. SIGNATURE AND TITLE OF CERTIF			0000	29c, LICENSE NU					
BE	Dan Pore				D1992		► 4//	NEO (Month, Day, Year)		
2	30. NAME AND AGORESS OF PERSON Y	WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type,	Print)			1//	// ~		
	DAVID ROSE, M.D	./200 HOSPIT	AL DRIVE,	SUITE 5	OO/GLEN	BURNIE, MA	ARYLAND	21061		
	31. DATE FILEO (Month, Day, Year) APR 1	4 1992 Full	GNATHIRE.	2. 2. 45						
	APK T	4 1992	a wandson-h	anator	-					



STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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2. DATE OF DEATH 92 SHIRLEY H. BOROTKA 3:00 Am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 9-27-1922 MARY LAND HOURS 1 - M 2XX YRS. 214-16-6613 69 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Bc. COUNTY OF DEATH DIRECTOR 2460 KEYWAY DUNDALK BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2460 KEYWAY 21222 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. If filled in by the funeral director, page 5 should be detached for use as the burial-trains 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 8TH GRADE N/A CAFETERIA WORKER BALTIMORE COUNTY SCHOOLS once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ WILBUR WINKEL KATHERINE GALEWICZ notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOHN P. BOROTKA BALTIMORE. 2460 KEYWAY MARYLAND 21222 2 20s. METHOD OF DISPOSITION
1 V Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must GARDENS OF FAITH CEMETERY 4/13 BALTIMORE. MARYLAND medical examiner 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD attending physician and completely filled in by the rital Hygiene prior to burial, cremation, or removal. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death the OUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) araw traumatic event, executed Caranoma CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, laading to immediate 2 cause. Enter UNDERLYING certificate CAUSE (Disease or injury y the attending phy of Mental Hygiene p or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST death injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Item 23 shows any 1 YES 2 NO law requires 1 YES 2 NO certificate has been PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The 28. PLACE OF DEATH (Check only one) the State HOSPITAL: OTHER:
4 | Nursing Home 5 Reeldence 6 | Other (Specify) PHYSICIAN: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28 is marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED death with 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death BY \_ Accident investigation DR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT; If Item 21 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piecs, and due to the cause(e) and menner as attend. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, BE 29c. LICENSE NUMBER 4-9-92 Ulun 2539 6 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mohammed Kahn M.D. Good Samaritan Professional Building Suite 206 31. DATE FILED (Month, Day, Year) . 32. REGISTRAR'S SIGNATURE Lulia Deviden 992 ADD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

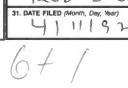
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3. TIME OF DEATH

REG. NO

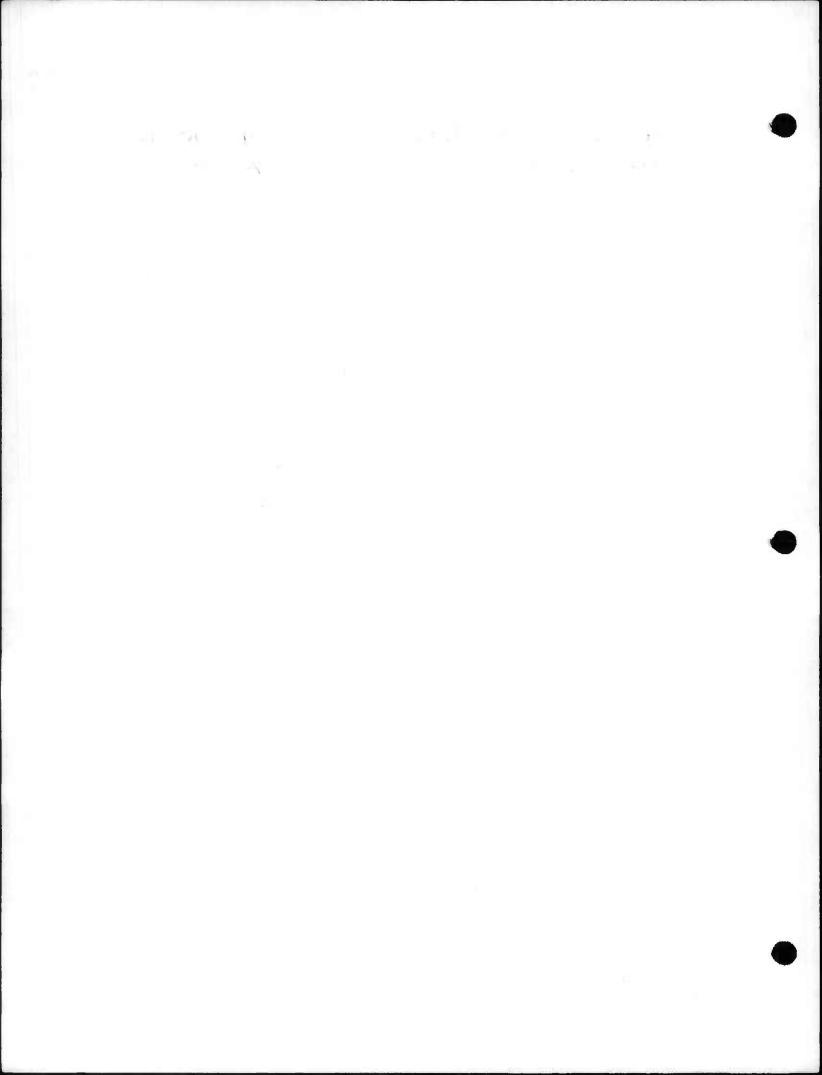
BALTIMORE, MARYLAND 21203-3146	mours after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should in filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rivors after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

								92 10302
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H		MENTAL HYGI REG. I	ENE	10002
ļ	1. DECEDENT'S NAME (First, Middle, Last)	CAC	700			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
	JAMES W.		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS,	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	220-28-0220	1 M 2 🗆 F		ONTHS DAYS	HOURS MIN.	1-4-4	32	BIRTHPLACE (State or Foreign Country) MD
	9e. FACILITY NAME (If not institution, give str		,	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
10 P	FALLSTON GENERAL	HOSPITAL					HARF	ORD
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MD		E	DGEWOOD				1 TES 2 NO
FUNERAL	10s. STREET AND NUMBER	TDEET			ZIP CODE			S.A.
NE I	2013 ROCKWELL S	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECI	21040 ENDENT OF HISPAN	IC ORIGIN? (Specify	Yee or No— 14.	RACE — American Indian,
B	1 Never Married 2 XXMerried 3 Widowed 4 Divorced	FORCES? 1 X XVE	S 2 NO	If yes, spe	2 NO Specify	n, Puerto Ricen, atc.		Black, White, atc. Specify: BLACK
TED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S U (Give kind of wo	rk done during mos	N st of working	16b. KINO OF	BUSINESS/INOUS	TRY
J.E.	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	Ilfe. Do NOT use	генгеа.)		CDDIA	NGFIELD :	LATIOSOL
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Mei		HUSPITAL
BE C	JOHNNIE CARTER				IDA CAR	RTER		
2	19a. INFORMANT'S NAME (Type/Print)		The second	entrane and the second		Number, City or		
	SANDRA CARTER		2013 1			/EDGEWOOD	LOCATION - City	
	1 Suriel 2 Cremation 3 Remo	oval from State	GARRISON			OV	VINGS MI	LLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	OAKKI JOH		IO AOORESS OF FA	CILITY		
	Marie	to Ki	mes	WM C N	MARCH F H	H./1101 E	NORTH	AVENUE
	23. PART i. Enter the diseases, or c shock, or heart failure.							
	The state of the s							Onset and Death
	disease or condition resulting in deeth)	a. EXT	ENSIVE SACONSECUENCE OF	5 SN	1ALL	CELL	CARO	INONIN- 8 Mas
_								
Ē	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	•	-			
5	cause. Enter UNDERLYING CAUSE (Disease or injury	c	S A CONSEQUENCE OF)	•				
CERTIFICATION	that initiated events resulting in death) LAST	4	o n concedence of ,	•				
I	PART II. Other significent condition	se contribution to deet	h but not moulting is	the underlying	- course about lo	Port I de Mi	C AN AITTORY	24b, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART II. Other significant condition	s continuoung to dead	i but not resuning ii	tha onderlying	g couse given in	PEF	S AN AUTOPSY REORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					6	1   1   1   1	S 2 NO	OF DEATH?
Ä								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL OTHER;	ACE OF OEATH (Ch	eck only one)		
IXSI	1 Tes 2 No	1 Nonpatient 2 ER/C	Outpatient 3 DOA	4 - Nursing Hom		6 Other (Specify)	OW INJURY OCCUP	350
	1 Netural 6 Pending	(Month, Day, Yes		RY WO	PRK?	280. DEŞCHIBE H	——	1ED
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJI building, etc. (	JRY — At home, farm, at	reet, tactory, offic		26t. LOCATION (St City or Town, S	reet end Number or	Rural Route Number,
COMPLETED	4 Homicide determined		VA			100		
4	const orny	ICIAN: To the best of my k						
S	2 MEDICAL EXAMINE	R: On the basis of examin	ation and/or investigation	, in my opinion, d	leath occured at the	time, date end plac	e, end due to the c	euse(e) and manner as atated,
TO BE	296. SIGNATHRE AND TITLE OF CERTIFIER	e Mi	D .		D318	MBER 356	29d. DATE S	P/11/92
F	30. NAME AND ADDRESS OF PERSON WH			Print)		LCAN	np M	D 21017



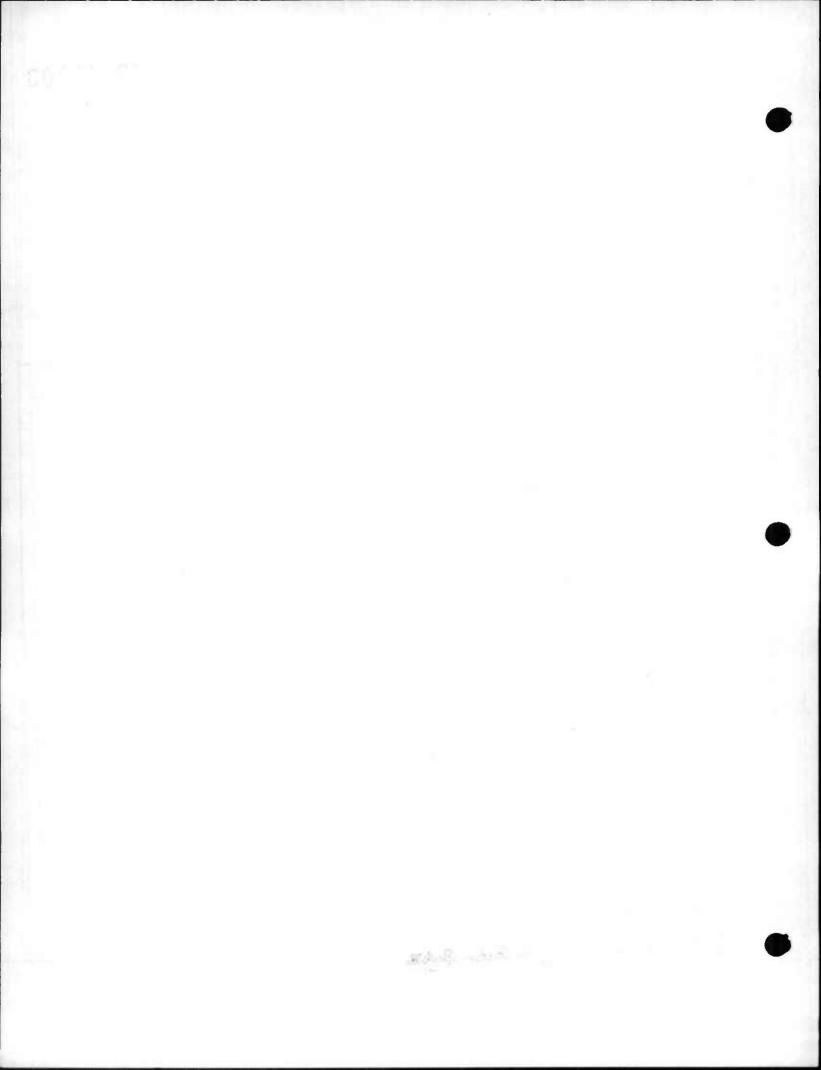
www.wacon-handelle

32. REGISTRAR'S SIGNATURE APR 14 1992



BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						TOPTI		PEA			ned. NO.		_	
	1. DECEDENT'S NAME (First,	Middle, Last)	T ! - T							2. DATE OF MONTH	OEATH DA	NY.	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		LOUIS F	6. AGE (In yrs. te						04				M
	174 16 826		5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. Ia	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, L	lay. Year)		Country)	
	9a. FACILITY NAME (If not int		21 00								/1922		Penns	ylvania
<u>د</u>	5204 - 61		1			ion or bi	-AIN				rundel			
5	RESIDENCE OF DEC		Baltimore Anne Arundel						a da laca					
DIRECTOR	Mary I and	10b. COUNTY		1		v, TOWN	OR LOCA	TION					1	IOd. INSIDE CITY LIMITS?
														☐ YES 2XXNO
RA	F204 6th Ctroot						10	212						AT COUNTRY?
FUNERAL	5204 6th Street  11. MARITAL STATUS 1 □ Nover Married 2 ☑ Married 11. Nover Married 2 ☑ Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES7 1 ☑ YES 2 □ NO FYES, GIVE WAR OR DATES					13	WAS DEC			NIC ORIGIN?	Specify Vee		S.A.	- American Indian,
E						"	If yes, sp	ecify Cub		in, Puarto Ric		01 140—	Black, Specify:	White, etc.
ВУ	3 Widowed 4 Divo	reed	World				, , , , ,	220 110	Opeon;	,			зраслу.	White
COMPLETED	15. DECI (Specify only	DENT'S EDUC highest grade	CATION completed)	(0	ECEDENT'S Give kind of	work done	during me		ing	16b, K	ND OF BUS	SINESS/IN	DUSTRY	
۳	Elementary/Secondary (0- 11th Grade		College (1-4 or 5 a	·)	i. Do NOT u	,					01£ T	- 1 c	vr. d	
ğ	17. FATHER'S NAME (First, Mi			5.	ign F	alm	,er				elf E		yea	
	17. PATRIER S NAME (FIRST, MI		ichael J	Cashe	n			16. MOT		ME (First, Mid				
H	19a. INFORMANT'S NAME (T)		ICHACI O			ADDRES	S (Street	and Numbe		Route Number			n Codel	
2	Helen Cashe	en					5th							land 21225
	20a. METHOD OF DISPOSITION 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			20b. PLACE				ame of		OATE	_		City or Town	
	4 Donation 5 Other	(Specify)		Glen	Have	n Me	mori	al F	Park	4/14	Gler	Bur	nie,	Maryland
į	21. SIGNATURE OF FUNERAL					22	. NAME A	ND ADDRE	SS OF FA	CILITY				
	Jecon	e,	mame	wurh	1					nce Fu Hwy.				
	23. PART I. Enter the di	seeses, 6/c	omplications the	t ceused the d	eath. Do	not ente	r the mo	de of dy	ing, auc	h sa cardia	c or respi	ratory ar	rest,	Approximate
1	IMMEDIATE CAUSE (Fin		cist only one cau	se on each im	Θ.									Interval Between Onset and Death
	disease or condition resulting in death)		END DUE TO	STAGE	R	ENA	7L	FA	LL.U.	RE				
	resulting in douting													
N	Sequentially list condition	000	ARTER	LIOSCLE	ROTI	(	CAR	DIBA	ASU	LLAR	24	SEA	RE	
ATI	If any, leading to immed cause. Enter UNDERLY!		DUE TO	(OR AS A CONSE	OUENCE O	F):		ZNIT	7.	**	T ( )			
FIC	CAUSE (Disease or injurthat initiated events	y <b>\</b>	NONI	OR AS A CONSE	OUENCE O	P:	200	CNI	المل	HBE	C2	17EL	11002	
CERTIFICATION	resulting in death) LAST													
	PART II. Other algorification	nt condition	contributing to	death but not	nonvilla e	In the	- 11-11-1		ili	Dial L				1
EDICAL	ADENOCA							g cause	given in		PERFOR	MED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
	CO.P.D	201.0		- I INC			A Chr			'	YES 2	№ но		OF OEATH?
Σ		TENS	. (401)							-			'	☐ YES 2 ☐ NO
AN	25. WAS CASE REFERRED TO		1010				28. PI	LACE OF C	DEATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER?  1 YES 2 NO		HOSPITAL:	ER/Outpatient :	3 DOA	OTHE	A:			6 Other (	inecifyl			
Ť	27. MANNER OF DEATH		26a. DATE OF (Month, D		28b. TIN		28c. IN.			28d. DESCR		NJURY OC	CURED	
BY		Pending nvestigation	(			M		YES 2 [	] NO					
	3 Suicide 6 0	Could not be	26a. PLACE O building,	F INJURY — At he etc. (Specify)	ome, ferm,	street, fac	ctory, offic			281. LOCATI City or	ON (Street a Town, State)	ind Numbe	r or Rural Ros	ite Number,
E		letermined												
COMPLETED			CIAN: To the best of											
S I	2 MEDI	CAL EXAMINE	R: On the basia of a	xamination and/or	Investigation	on, In my	opinion, c	leath occu	red at the	time, data ar	d place, an	d dus to t	he cause(s) a	and menner as atated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NUI	MBER		29d. DAT		Aonth, Day, Year)
5	30. NAME AND ADDRESS OF	Kasm	she !	WEDI				_0	17	153			4-1	1-92 .
	11 0 -		SENA IN		710 (		DIN	- 07	- , -	RAIT		$\sim$	0 1	1225
	31. DATE FILED (Month, Day. )			R'S SIGNATURE	TIO	-au	T	51		ion VI			ソベ	1200
	ΔPR 1 / 10	202												]
	MFR 14 K	786	James David	low-Hand	JEL									DHMH-16 Rev 1/89



**DHMH-16 Rev 1/89** 

DIRECTOR

FUNERAL

BY

COMPLETED

出

0

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

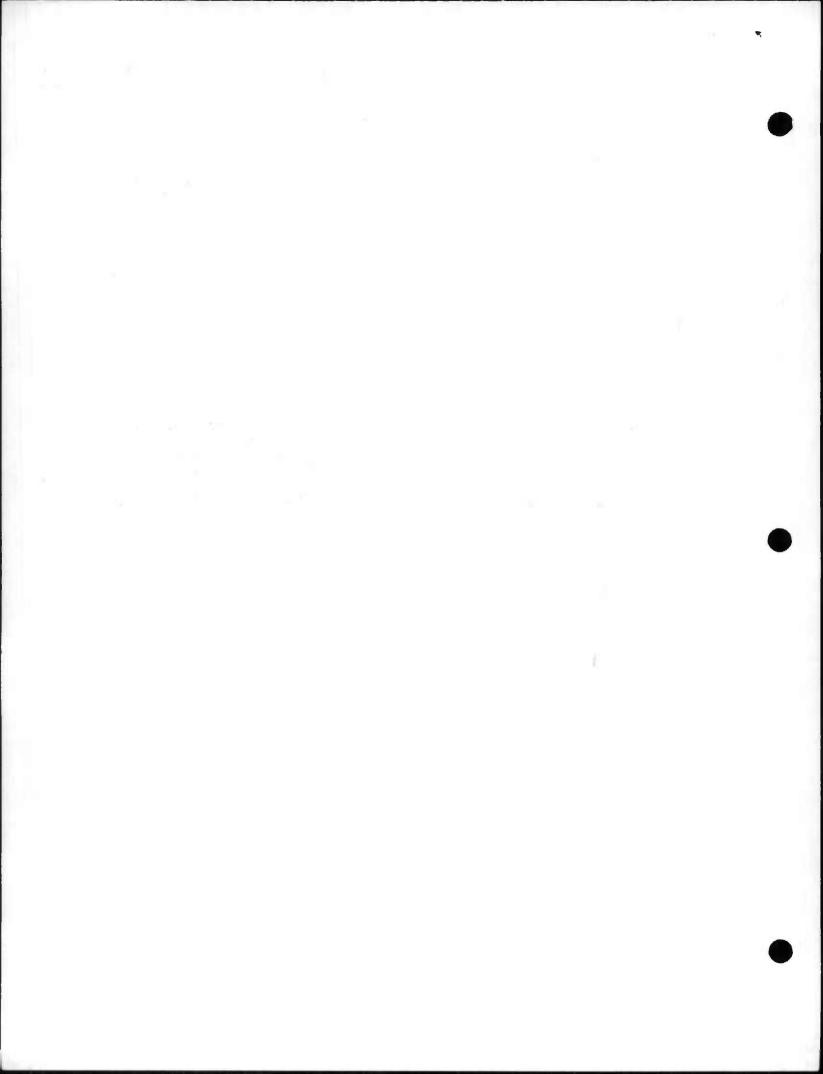
BE

2

21203-3146	tal or attending physician	for use as the burial-trains primit Pour 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	- nours after death. Page 6 may be retained by the hospi	filled in by the funeral director, page 5 should be detached on, or removal.	le medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- wours after death. Page 6 may be retained by the hospital or attending physician	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training primer. 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) Josephine Magdalene Ciesiel 3, DATE OF DEATH 1 3. TIME OF DEATH 13" Josephine Ciesielski 92 2:00 Mg 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 221-10-4892 79 YRS. 1 M 2 F Maryland 11/29/1 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH City Baltimore Keswick RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore 1 ☐ YES 2 300 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7404 Brookwood Avenue 21236 U.S.A. 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 23 If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 2X NO 1 Never Married 2 Married SpecHy White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Michael Williams Mary Gallo 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) John T. Ciesielski, Sr. 7404 Brookwood Avenue Baltimore, MD. 21236 20a. METHOD OF DISPOSITION
1 Ⅸ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 4/16/9220c, LOCATION — City or Town, State Gardens of Faith Cemetery 4 Donation 5 Other (Specify) Baltimore, MD. 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LIGHTSE 7110 Belair Road Baltimore, MD. 21206 Enter the discusse, or complections that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart feliure. Let only one cause on each line. 23. PART & Enter the dise Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition alsheimer's disease reculting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially ilst conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 DATO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO nt 2 - ER/Outpetlant 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e, DATE OF INJURY 28b. TIME DF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M. Isabelle Mas greger Md
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D1365 M. ISABELLE MACGREGOR, BALTIMORE, MD 21211 KESWICK, 700 W. 40 HO STREET, 12 REGISTRAR'S SIGNATURE



interval Batween Onset and Death

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

27. MANNER OF DEATH

6 Could not be determined

1 Netural

2 Accident 3 Suicide

4 Homicide

31. DATE FILED (Month, Day,

14

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		C	ERTIF					MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)							1	2. DATE OF DEATH		3. TIME OF DEATI
JULEEN BAILISH O	OUFNA						- 1	MONTH DI		API
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER	1 1 YEAR	IF UNDE	R 24 HRS.	APRTL 11,	1992	5:30 HRTHPLACE (State or For
217-07-5104	1 🗆 M 2 💢 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	14-1-9-191	3 P	ennsylvanie
98. FACILITY NAME (II not institution, give 1614 Charlotte A				1		note	ION OF DE	ATH	9c. COUNTY	OF DEATH
10a. STATE 10b. COUNT	//A			etimo		TION	· · · · ·			10d. INSIDE CITY LIMITS? 1 X YES 2 1
10s. STREET AND NUMBER					10	f. ZIP COO	Œ			OF WHAT COUNTRY?
1614 Charlotte A	venue					212	24		United	d States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? IF YES, GIVE V	YES 2	RMED (NO		If yes, sp	ecify Cub	OF HISPANI an, Mexican Specify:	IC ORIGIN? (Specify Yes , Puerto Ricen, etc.)		RACE — American India Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. D	ECEDENT'S	Work done	CCUPATION TO THE COURT OF THE C	ON.	ina	16b. KIND OF BUS	SINESS/INDUST	RY
Elementary/Secondary (0-12) 9 UCCUS	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)									
17. FATHER'S NAME (First, Middle, Last)		110	mena	Rec	-	40.000		AE (First, Middle, Maiden		
Michael Bailish							Rose		Sumame)	
19e. INFORMANT'S NAME (Type/Print)			Ob MARIN	O ADDRES	S /Ctmat			oute Number, City or Tow	- C 7- C	
Mr. Nicolas Albe	tto Cours									and 21224
20a. METHOD OF DISPOSITION 1 (X) Burlel 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)		20b. PLACE	ANDDATE	OF DISPOS	SITION (No	ame of		DATE 20c. LO	CATION — City	
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	du	~	Di	HAME A	ND ADDRI	Fund	ral Home	of Duni	dalk, Inc. yland 2122
23. PART i. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	ise on each lin	e.	not enter	tha mo	de of dy	ring, auch		ratory arrest,	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	(OR AS A CONSE	EOUENCE O	OF):						
that initiated events resulting in death) LAST	DUE 10	(OR AS A CONSE	QUENCE O	PF):						
PART It. Other significant condition	ns contributing to	death but not	reaulting	in the ur	nderiyin	g ceuse	given in f	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION DE CO OF DEATH?
- Hattel	14	instra	0 -	- CO	nye	tu	1 He	art		1 🗌 YES 2 📑 🕏
25. WAS CASE REFERRED TO MEDICAL	1+11	4 4	Mu	LO	28 P	LACE DE I	DEATH /Ch	ck only one)		
EXAMINER?	HOSPITAL:	ER/Outpetlant	2 DOA	OTHE	R:		-	Other (Specify)		

28e. DATE OF INJURY (Month, Day, Year)

DATE

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28b. TIME OF

5:30 AM

2000 FRANKLIN SQUARZE

28c. INJURY AT WORK?

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 WES 2 NO 1 YES 2 70 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner as atsted. 29c. LICENSE NUMBER 13/42

BALT. MD

DRIUZ.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3	2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	f tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NG PHYSICIAN: Th	fter this certificate	eath with the State	marked, or iten
IL OR ATTEND	L DIRECTOR: A	2 hours after d	I Item 28 Is

BALTIMORE, MARYLAND 21215-0020

92 10306 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ROBERT CHASE 09 1992 8:05 p 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🛛 M 2 🗌 F 65 08-06-26 214-22-6072 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2916 Elgin Avenue 21216 U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify 3 Widowed 4 Divorced Black COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most ille. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Posta1 Worker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Levi Chase Vida Turley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Gladys Chase 2916 Elgin Av. Baltimore, MD 21216 20s. METHOD OF DISPOSITION
120 Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata cematery, crematory or other place) 4/13 Arbutus Arbutus. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Irvin Carroll Funeral Home 1712-14 W. North Avenue 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition hypoxia 5min resulting in death) DUE TO (OR AS A CONSEQUENCE OF): apria 10min CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING stroke 2 days CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? Bustak cencis 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 A Inpetiant 2 ER/Outpetiant 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 284. OESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE on 5/92 2

GOON WOLK SI.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Mika Kaketuda MO

1992

31. DATE FILED (Month, Day, Year)



Baltimue, MD 2,205

3. TIME OF DEATH

6:15

2. DATE OF DEATH DAY 4/8/1992

Carlton

Booth

BALTIMORE, MARYLAND 21215-0020

	,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
BOX	
P.O.	
RDS,	
RECC	
VITAL	
OF	and to see a see
/ISION	OR ASSESSMENT OF PERSONS AND
á	000

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 Y		F UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	215-22-5589 9a. FACILITY NAME (If not institution, give str	1 X M 2 F	86	YRS.	MONTHS C	AYS HO	OURS MM.	Jan. 27, 190	6	Virginia
Œ	Harbor Hospita		r				OCATION OF DE		9c, COUN	TY OF DEATH
5	RESIDENCE OF DECEDENT	T CCITCE	- T				City, M			
DIRECTOR		timore (	ity	10c. CIT	Y, TOWN OR	Balt	timore	City		10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	10 West Talbott	Street				10f. ZIF	212	25		EN OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X	RMED NO	If y	S DECEND S, specify YES 2 y	y Cuban, Maxica	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, Whita, etc. Specify: White
E	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION composite of the	16a, D	ECEDENT'S	USUAL OCCL	PATION		16b. KIND OF BUS	SINESS/INDU	JSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +		le. Do NOT us	rity ( Mil	uaro	and	_=Sec	urity	- Maryland National Bank
OM	4 th grade  17. FATHER'S NAME (First, Middle, Lest)	none			Mil.					National Bank
BE C	William Ca	rlton				16	Laura	Greenwoo	d (	Carlton
TO E	Mrs. Betty L. Ki	rk	11	96. MAILING 4775	Appress (S Shamro	CK A	vumber or Awal F	Toute Number City or Fam.	ary la	์ที <b>ชี</b> 21206
	20s. METHOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Remove  1 Donetion 5 Other (Specify)	val from Stata	20b. PLACE	EAND DATE O	PEDISPOSITION KOINGE CONTRACTOR	N (Name o	<sup>r</sup> y Apri			timore, Maryla
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22, NA	ME AND A	DORESS OF FAC	CILITY		
	Shave	Sau	rage	_	Mar	711 1 1	Z3	7 E.Pata	psco	Ave.
	23. PART I. Enter the diseases, or co	mplications that	ceused the d	leath. Do n	ot enter the	moda	of dying, such	eral Home	e, Bal	Lto.Md. 21225
	ahock, or heart fellure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	Art	eno S	cler	otic			Vas mely		Interval Between
NOI	Sequentially list conditions, b.		OR AS A CONSE							
CAT	If any, leeding to immediate ceuse. Enter UNDERLYING			-ooenae or	<i>r</i> -					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSE	OUENCE OF	):					
	PART II. Other algnificant conditions	contributing to	death but not	resulting l	n the under	lving ce	use alven in i	Part I. 24a, WAS AN	ALITOREY	Tab were autopout sugmen
S	metm.	hatris	Pros	. 1	toi	^	C C	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
율	Chrosin	(165	1 met	ine	Lum	4	Disem		C/ NO	OF DEATH?
2			1 1110	-		)	OUSCIPE	_		1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE	OF DEATH (Che	ick only one)		1
YSI	1 TES 2 NO	HOSPITAL: 1 - Inpatient 2 -	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing	Home 5	Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		26b. TIME	JRY	WORK?	AT 2 NO	26d. DESCRIBE HOW IN	JURY OCCU	URED
- 41	3 Suicide a Could not be detarmined	28e. PLACE OF building, a	INJURY — A1 hote. (Specify)	ome, farm, si	treet, factory,	office		281. LOCATION (Street a. City or Town, State)	nd Number of	r Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINED.	AN: To the best of	my knowledge, do	eath occurre	d at the time,	deta and	place, and due	to the cause(a) and man	ner aa stated	1.
8		On the deal of an	amination and/or	Investigation	n, in my opini	on, death	occured at the t	lime, data and place, and	due to the	cause(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	>				290	26	2 J 3	29d, DATE	SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)	٥.	4000	Annyo	انه ٦	9 Balto 21227
	APR 14 1992	REGISTRAF	S SIGNATURE	200						
		4								DHMH-16 Rev 1/89



Particular to write

74.6

	500	12-72-11-11						9	2	10308
	1 - FOR STATE REGISTRAR	STATE OF MA				F HEALTH AND OF DEATH	MENTAL HYGIEN	AF.		10000
	1. DECEDENT'S NAME (First, Middle, Last)				CHANEY			9	9.2 3	OHE OF DEATHM
	THELMA  4. SOCIAL SECURITY NUMBER	M (Marie)	B. AGE (In yrs. las	1 h / m / n			4-9-9	-		9:42 A M
	215-01-7236	1 M 2 V F	82	YRS.	MONTHS DAY		(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give	street and number)				IN OR LOCATION OF				THCOUNTY
TOR	NORTH ARUNDEL	HOSPITAL A	SSOCIAT	LION	GL	EN BURNII	3		A . A .	COUNTI
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LO	CATION			1	od. INSIDE CITY
	Marylamd Anne	Arundel		Gle	en Burn	ie			1	LIMITS?
FUNERAL	100. STREET AND NUMBER 501 Orchard	Road,				101. ZIP CODE 2106:	1	-	SA	AT COUNTRY?
FUN	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1			13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes	s or No-	14. RACE Black	- American Indian, White, atc.
B₹	3XXWIdowed 4 Divorced	IF YES, GIVE WAI				YES 2 X NO Spe			Specify:	White
9	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed	16a. DE	CEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BL	SINESS/IND	USTRY	MITTEE
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)	-				
COMPLETED	8th Grade  17. FATHER'S NAME (First, Middle, Last)		Cr	naney	<u>Clerk</u>		Lexingt	on Ma	rket	
BE C		Schneider				Rose W	lall Chaney	Surname)		
6	Ms. Bonnie M. S	ما مرفر داد					al Route Number, City or Tox		_	
	20a. METHOD OF DISPOSITION	CHWINK					n Burnie,		21061	
	1 Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	cemetery, crei	matory or o	of disposition ther place) Matory	Inc	4/13 Ca	toney	illo	Manyland
3	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Kev	in E. E	cker	22. NAM	AND ADDRESS OF	FACILITY		**	
	•				237	E. Patap	eral Home o sco Ave.,	Balto	Md	. 21225
	23. PART I. Enter the diseases, or ahock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one ceuse	on each line.		not enter the	mode of dying, su	And's to	erratory erro	est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSECUTE							
PHYSICIAN: MEDICAL	PART II. Other algorificent condition  A STUTOGO	na contributing to de	Card	LO L	in the underl	ying couse given i	n Part I. 24a, WAS AT PERFO	RMED?	An O	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?  YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: . /			OTHER;	PLACE OF DEATH (	Check only one)			
HYSI	1 YES 2 S.NO	1 Inpatient 2	R/Outpatient 3		4 Nursing F		6 Other (Specify)			
	1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIM INJ	URY	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28s. PLACE OF I	INJURY — At hor c. (Specify)	ne, farm, s			281. LOCATION (Street City or Town, State		or Rural Rou	te Number,
COMPLETED							is to the cause(s) and me			
			mination and/or is	nvestigatio	n, in my opinio		ne time, data and place, a			
TO BE	286. SHOMATURE AND TITLE ON CERTIFIE	1/				D2 Y	156	<b>&gt;</b> 4	1-9-	fonth, Day, Ybar)
	TSU-CHUN LIN	M.D./377	B GAMBR	ills	ROAD/	GAMBRILLS	, MARYLAND	21054	4	

6

31. DATE FILED (Month, Day, Year)
APR 14 1992

1	*	STATE REGISTRAR

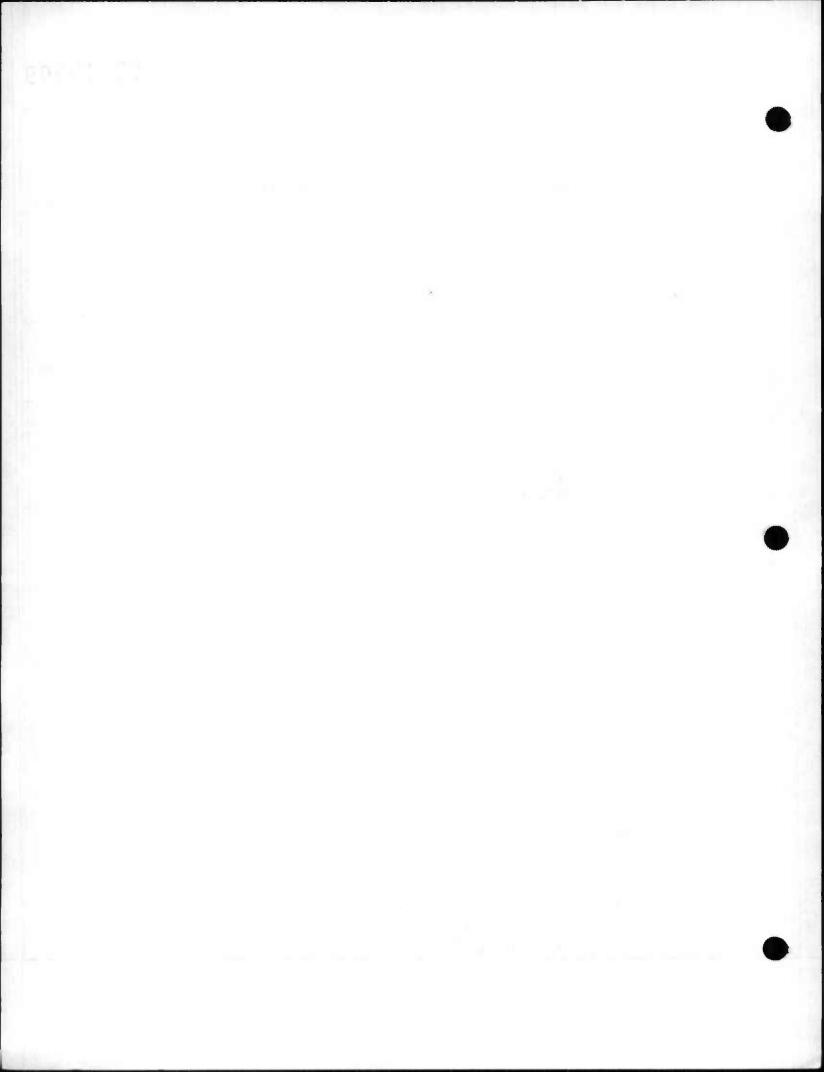
	1 - STATE REGISTRAR	OINIE OF IN	CE			OF DEA			REG. NO.			
	1. DECEDENT'S NAME (First, Middle,	Last)						2. DATE OF	DEATH		11-23	3. TIME OF DEATH
		Charlotte	F		Char	mbers	_ /	Apri	1 8,	1992	YEAR	10:15am w
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. les	t birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign
	214-24-3266	1 🗆 M 2 💢 F	66	YRS.	MONTHS D	MAYS HOURS	MIN.	Sept. 2	2,1925	5	Md.	ν)
OR	96. FACILITY NAME (If not institution, Maryland Ger	give street and number) neral Hospit	al			own or located to the control of the				9c. COU	NTY OF O	EATH
5	RESIDENCE OF DECEDER	OUNTY										
DIRECTOR	Md.	OUNTY			y, town on Parkvill							10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	10e. STREET AND NUMBER				CI ICT L	10f, ZIP CDC	E			10a CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	7612 Daniels Avenu	le .				21234	1			USA		
BY	11. MARITAL STATUS  1. Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FDRCES? 1	YES 2 N	MEO IO	lf y	S DECENDENT  SE, specify Cub  YES 2 XNO	an, Mexicar	, Puerto Rica	Specify Yee ( in, etc.)	or No—	Black	— American Indian, k, Whita, atc.
	15. OECEDENT				USUAL OCCI			16b, KI	ND OF BUSI	NESS/INC	OUSTRY	
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+) 5 +	life.	cher	work done duri se retired.)	ing most of world	ing					
MO	17. FATHER'S NAME (First, Middle, La		100	CICI		16 MOT	HER'S NA	AE (First, Mide	tta Mairtan C	(ememe)		
BE C	Milton T. Chambers				_	Rut	th G.	Pearce				
2	19a. INFORMANT'S NAME (Type/Print Ellen C. Wallace	)				ew Dr. N						
	20a. METHOO OF DISPOSITION		7		OF DISPOSITION		ditiou	DATE			City or To	wa State
	1 ☐ Buriel 2 ☐XCremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		Hillto				4-10	4	1		aryla	
	21. SIGNATURE OF FUNERAL SERVI	CELCENSEE				ME AND ADDRE	SS OF FAC	HLITY	1.000		J = -	
	James 1)	Gladden			Leon	ard J. F	auck I	nc. 530	5 Harf	ord F	Road 2	21214
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O  DUE TO (O  d.	al gast	OUENCE O	F): F):							
N: MEDICAL	- Street argument con	antons continuing to g	eeth but not n	esulting	in the unge	riying ceuse	given in i		a. WAS AN A PERFORM  YES 2	ED?	246.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ĕ	25. WAS CASE REFERRED TO MEDIC EXAMINER?					26. PLACE DF	DEATH (Che	ck only one)				
Si	1 YES 2 XNO	HOSPITAL: 1 1 inpatient 2 □ E	ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗆 R	esidence (	8 Other (S	pecify)			
E	27. MANNER OF DEATH	28a. OATE DF IN (Month, Day,	IJURY Year)	26b. TIM		c. INJURY AT WORK?		28d. DESCR		JURY OC	CUREO	
B	Netural 5 Pending 2 Accident Investige					YES 2	ND					_
	3 Suicide 6 Could n 4 Homicide determin	building, at	INJURY — At hor c. (Specify)	me, farm,	street, factory	, offica		201, LOCATION OF T	ON (Street an lown, State)	d Number	r or Rural F	loute Number,
COMPLETED		PHYOICIAN: To the best of m										) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CER	TIFIER				29c. LIC	ENSE NUM	BER		29d, DAT	E SIGNED	(Mortin, Day, Year)
2	Treis W	,					n/	а			7/8	197
		ij, M.D.		c/c	Mary	land G	enera	1 Hos	pital		7	
	31. DATE FILEO (Month, Day, Year)	13 1992 2	sisionature funa Dav	idson-	Andel	4						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

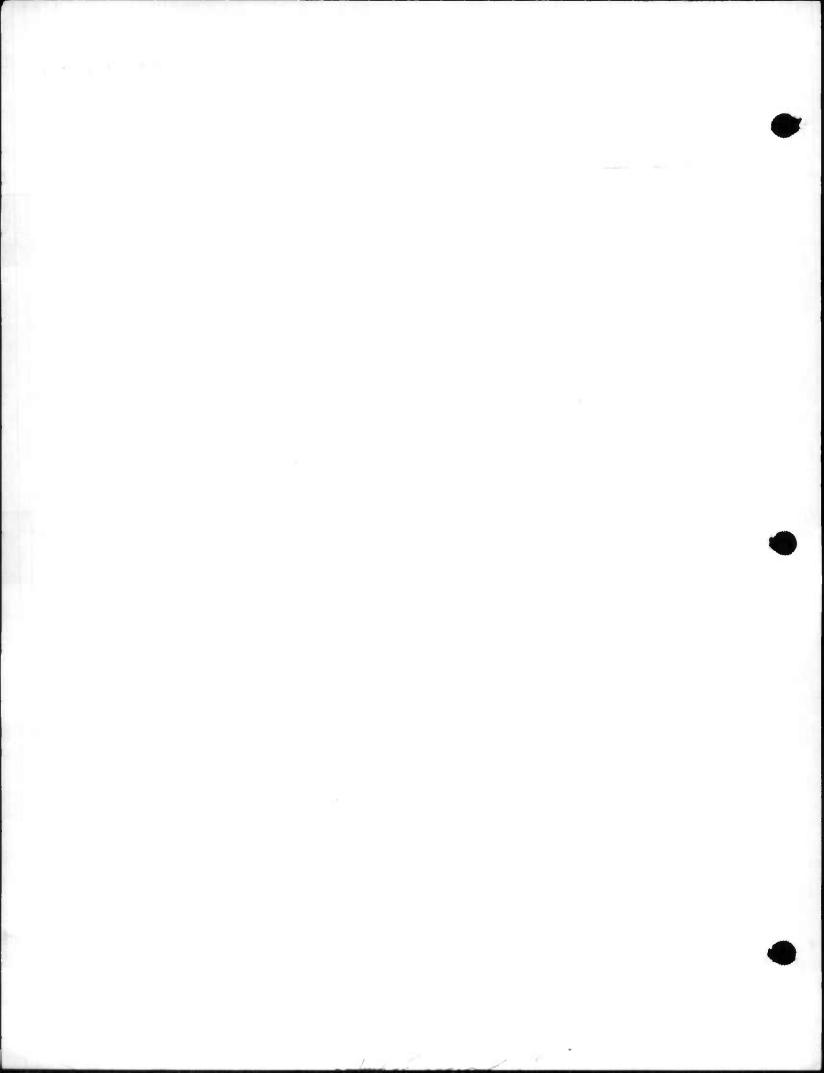
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be esecuted within 2. Surs after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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						9	2 10310
	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT ( CERTIFICATE		ENTAL HYGIEN REG. NO.	E	- 10010
	1. DECEOENT'S NAME (First, Middle, Anna Dana	ther			2. DATE OF OEATH	95	
	1. SOCIAL SECURITY NUMBER 15	5. SEX 6. AGE (II	ryrs, lest birthday) IF UNDER 1 Y	YEAR IF UNDER 24 HRS. HAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, Greenbelt NSq		1 1 1 1	own or Location of DEAT		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDEN	OUNTY	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY
	MD	P.G.	Green	1			LIMITS?
FUNERAL	7010 Greenbe	elt Rd.		20770		U.S	A,
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO If y	S DECENDENT OF HISPANIC es, specify Cuben, Mexican, YES 2 NO Specify:		or No- 14.	RACE — American Indien, Black, White, atc. Specify:
	15. DECEDENT'S (Specify only highest	'S EDUCATION It grade completed)	16a. DECEDENT'S USUAL OCCI (Give kind of work done duri	UPATION ing most of working	16b. KINO OF BUS		
COMPLETED	Elementery/Secondery (0-12)	2 yrs College	Admin . Ass	istant	Federa	Gove	ernment
COM	17. FATHER'S NAME (First, Middle, La			18. MOTHER'S NAME	E (First, Middle, Maiden	Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print	+	19b. MAILING ADDRESS (S	Street and Number or Rural Ro		1 1	i ill i news
-	Junaher J	anie!	PLACE OF DISPOSITION (Name	of cometery, cromatory or		CATION - City	
0.01	Donation 5 Other (Specify	W Ar	natomy Board	ALLESTING M		Baltin	nore, MD,
	Amilas 1	Made	44. NA	INE AND ADDRESS OF FAUI	utt		
7	PART I. Enter the diseases shock, or heart fe	es, or complications that caused	I the death. Do not enter the	a moda of dylng, such	as cardiac or reap	ratory arrest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disesse or condition resulting in deeth)	. Intes	final Ob	structio	1		Onset and Dasth
2		DUE TO (OR AS A	CONSEQUENCE UP):	is or the		ic Tu	mor
ATIO	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):			•	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
- 1		d.					
ICAL		nditione contributing to deeth b			ert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL	S/P Cle	reprovasce	lar Accid	ent			OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDI-	ICAL		26. PLACE OF DEATH (Chec	k only one)		
SICI	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outp	atlent 3 DOA 4 Nursin	g Home 5 Residence 8			
РНУ	27. MANNER OF OEATH  1 Natural 5 Pending		INJURY	8c. INJURY AT WORK?	26d. DESCRIBE HOW	NJURY OCCUR	ED
ED BY	2 Accident Investig 3 Suicide 8 Could r 4 Hemicide determi	not be 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, fector		28f. LOCATION (Street City or Town, State)	end Number or F	Bural Route Number,
COMPLETED	CONSCR ONLY	3 PHYSICIAN: To the best of my know					
	2 MEDICAL EX	XAMINER: On the basis of sxamination	n end/or investigation, in my opi	nion, death occured at the ti			suse(s) and menner ea stated.  GNEO (Month, Day, Year)
TO BE	Atut	14	(LL)	D31	201	1 4	9/92
	Stuart T.	Turker; ti	ATH (ITEM 27) (Type, Print) 7	reenbely	Thol :	171.E	r. #430
	31. DATE FILED (Month, Day, Year) APR 14 1992	32. REGISTRAR'S SIGN	Pande 12				
i V	1 1000						DHMH-18 Rev 1/89

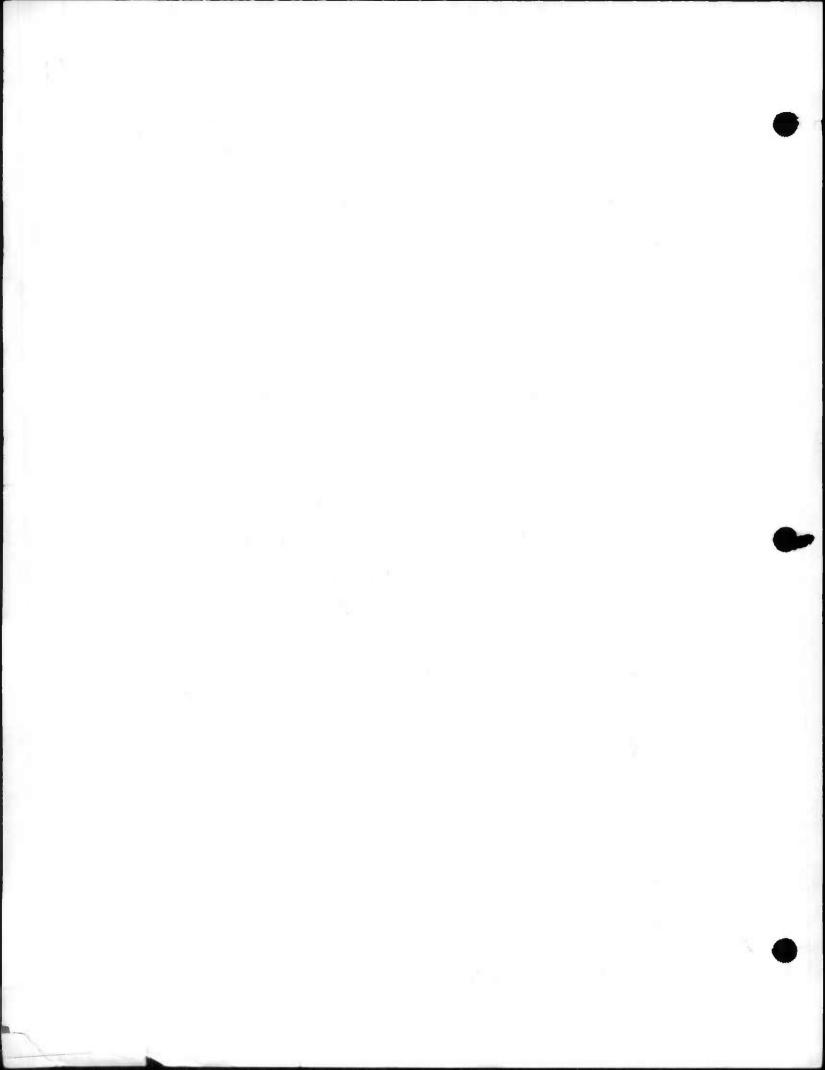




s death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	re attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Mental Hygiene prior to burial, cremation, or removal.	lury, or other traumatic event, the medical examiner must be notified at once.
CIAN: The law requires that the death certificate be executed	ficate has been signed by the a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffe
TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this certi-	filed within 72 hours after	APORTANT: If Item 28 I

	1 - STATE STATE OF MARYLAND COMPANY CO	/ DEPARTMENT		MENTAL HYGIEN		10311
	DECEDENT'S NAME (First Middle-Last)     Sex     Sex     Sex     Sex     Sex     Sex     Sex     Sex	ARTHY lest birthday)   IF UNDER 1	YEAR IF UNDER 24 HRS.	2. DATE OF BIRTH	92	3. TIME OF DEATH  2', 2PM  IPLACE (State or Foreign
	220-76-4778 104=4= 85	YRS. MONTHS	DAYS HOURS MIN.	12/13/19	06 Count	MD.
<u>~</u>	9a. FACILITY NAME (If not institution, give street and number)		TOWN OR LOCATION OF D		9c. COUNTY OF D	DEATH
E	Bon Secours Hospital		ltimore Cit	У		
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OF	ltimore Cit	V		10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	10e. STREET AND NUMBER		101, ZIP CODE	,	10g. CITIZEN OF	
FUNERAL	1009 Rosedale Street  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.	ARMED 13. W	21216 AS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		SA E American Indian
BY FL	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO II	yes, specify Cuban, Maxic	in, Puarto Rican, etc.)	Blac	E — American Indian, k, Whita, etc. //y:
ED B	15. DECEOENT'S EDUCATION 16a.	DECEDENT'S USUAL OC	CUPATION	16b, KIND OF BUS	SINESS/INDUSTRY	Negro
ETE	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done du life. Do NOT use retired.)	ring most of working			
COMPLET		Homemak				
	17. FATHER'S NAME (First, Middle, Last)  John Nugent		75.00	Me (First, Middle, Malden Mary Wilki)		
TO BE		19b. MAILING ADDRESS	Street and Number or Rural			
F	Ellen Beverly 20a. METHOD OF DISPOSITION 20b. PLAN		edale Stree		D. 21210 CATION — City or To	
	1 1 Burial 2 ☐ Cremation 3 ☐ Removal from State other	place)	ted Methodi		esville.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. N	AME AND ADDRESS OF FA	CILITY		
	Joseph J. Keiss	2	oseph L. Ru 222 W. Nort	h Ave B	alto,MD.	21216
	23. PART i. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each ii		he mode of dying, suc	ch as cardisc or respi	lratory arrest,	Approximata interval Between Onset and Daath
	immediate cause (Final disease or condition resulting in death)	AC A	RRHYT	HMH	20	Onset and Daath
NO	Sequentially list conditions,	SEQUENCE OF):	)CARUI,	HI IN	FAPCTIC	210
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	MC	KENAL	FAL	MILE	
CERTIFICATION	that initiated events resulting in death) LAST	SEQUENCE OFT	20KE	WITH (R)	HEMM)	PHGA
E C	PART II. Other significant conditions contributing to death but no	ot resulting in the unc	leriving cause given in	Part I, 24s. WAS AN	AUTOPSY 24	. WERE AUTOPSY FINDINGS
CAI	J1452569 MA	FULLTI	15, TUP	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICA	HYPER-TENSIVE	45C	NDI			1 YES 2 NO
SICIAN:	25. WAS CASE REFERENCE TO MEDICAL		26. PLACE OF DEATH (C	heck only one)		
SICI	EXAMINER?  1   YES 2   NO   1   Inpetient 2   ER/Outpetient	3 DOA 4 Numi				
PHY	27. MANNER OF OEATH  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
BY	2 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At	home, ferm, street, fecto	1 VES 2 NO	28f. LOCATION (Street		Route Number,
TEC	4 Homicide determined building, etc. (Specify)			City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only MEDICAL EXAMINER: On the best of my knowledge, MEDICAL EXAMINER: On the best of axemination and					a) and menner as stated.
BE CO	290. SIGNATURE AND TITLE OF CERTIFIER	)	29c, LICENSE NU	MBER 1	29d. DATE SIGNE	(Month, Day, Mark
2	20 HAME AND ADDRESS OF PERSON MHO COMPLETED GAUSE OF DEATHT	TEM 27) (Type/Paint)	Ban 500	PURT F	TO DITE	10,12
	BERNALUS GOMILLES JA	- (NM.)	2000 W	. BALTIN	MONE ST.	md 21223
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	REGISTRAR		CERTIFICATE OF	DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last	•			2. DATE OF DEATH	н	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	DIXON	,	10.000	04	12 0	12 4.50
	214 x4-4611	5. SEX 6. AGE (In	yrs. last birthday) IF UNDER 1 YEAR  WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	0	BIRTHPLACE (State or Fore Country)
	9a. FACILITY NAME (If not institution, give			OR LOCATION OF D	11-7-	48	maryan
OR	Liberty Med	1 1	Α	timore	City		eltimore
RECTOR	RESIDENCE OF DECEDENT			10000			
DIRE	mary land	17	10c. CITY TOWN OR LOC	ATION			10d. INSIDE CITY
AL C	10a. STREET AND NUMBER	-11 1	N/7/////	Of, ZIP CODE		10m CITIZE	1 VES 2 N
Or I	1949 W. No.	-Th Ave.		2121	7	100	N OF WHAI COOKING
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BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 11 yes, s	S 2 NO Speci	an, Puerto Rican, etc.		Black, White, atc.
0	16. DECEDENT'S ED	HOATION					DIACK
ETE	(Specify only highest grad	de completed)	18a. OECEDENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.)	TION nost of working	16b, KIND OF	BUSINESS/INDUS	STRY
7	Chambridary Gettingery (4-14)	College (1-4 or 5+)	Homemi	skel			
COM	17. FATHER'S NAME (First, Middle, Last)	``	110111111111111111111111111111111111111	18. MOTHER'S N	AME (First, Middle, Mai	iden Sumame)	
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TO B	19a. INFORMANT'S WAME (Type/Print)	7/	19b. MAILING ADORESS (Street	and Number or Rural	Route Mumber, City or	Town State, Zip Co	ode)
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	22 Date 1 Enter the Character		12-01	7001/1	02////	TU CI S	MOMEL
- 1	ahock, or haart failura.	complications that caused it. List only one cause on asc	the death. Do not enter the m	oda of dying, au	ch as cerdiac or re	spiratory arres	
	IMMEDIATE CAUSE (Final	. List only one cause on aac	en iina,	oda of dying, aud	ch as cerdiac or re	espiratory arres	intarvai Be
	unock, or maint failura.	a. Bilatera	L Preumoi		ch as cerdiac or re	espiratory arres	interval Be
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag be filled within 72 hours after death with the State Dent of Health and Mental Havinese notor to have a comment	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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92 10313 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ROSCOE DARDEN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIFTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 246-30-1930 1 BM2 OF 75 DAYS HOURS NOTH CAROLINA 6 26 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MEDICAL DEATON HOSPITAL AND BALTIMORE MD DIRECTOR BALTIMORECITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY BALTIMORE MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 5418, NARCISSUS AVE. 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 SA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-ff yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO BLACK 3 Widowed 4 Divorced Specify: COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Minnie Darden BE Gene Thompson 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 Addie M. 5418 Narcissus Ave, BAlto, Md. Darden 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Rest 4 Donation 5 Other (Specify) HERWY 4/186 Wilson 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FIH Joseph L. Ru onth am 21216 wm 23. PART I. Enter the disesses, or complications that caused the daeth. Do not anter the mode of dying, such as cardiac of respiratory strest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final disesse or condition resulting in desth) ASPIRATION PHEUMONIA 2/18/92 DUE TO (OR AS A CONSEQUENCE OF) CEREBRO-VASCULAR STROKE CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate csuse. Enter UNDERLYING HYPERTEM SION HTN CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente resulting in death) LAST PART II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? CHRONIC OBSTRUCTIVE LIDNG 1 YES 2 0 NO BRILLATION 1 YES 2 NO SIP PHYSICIAN: ABOVE AMPUTATION 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Sinpetient 2 - ER/Outpetient 3 - DOA 1 TES 2 NO OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 8 Could not be determined COMPLETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) MD D38041 4/11/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
RUCHIRA THAKOR, MD. 611 S. CHARGES ST. BALTIMORE

A REMSTRAT'S SIGNATURE





APR 14 1992

81671 90

	'LAND 21215-0020	y the hospital or attending physician.	be detached for use as the burial-transit permit. Pages 1, 2, 3 should	at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% mours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(	DIVISION OF VITAL RECC	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE RUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funer be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows a

- •	1 - FOR STATE OF MARYLAND A		MENT OF H		IENTAL HYGIEN	E	1001.		
	1. DECEDENT'S NAME (First, Middle, Leat) FRANK PHILIP D			DEATH	2. DATE OF DEATH MONTH	YO / SYEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le	st birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9 92	HPLACE (State or Foreign		
		YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Count	aryland		
œ	9e. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DEA		9c. COUNTY OF			
CTO	Harbor Hospital Center	altimor	e		N/A				
DIRECTOR	Maryland Anne Arundel		TOWN OR LOCATI				10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER	Ва	1timore	(Brook	lyn)	10g. CITIZEN OF	1 TYES 2 X NO		
FUNERAL	5105 Fourth Street,					USA			
BY FUI	11. MARITAL STATUS  1 Never Married 2 Merried  3 X Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. AF FORCES? 1X XYES 2 IF YES, GIVE WAR OR DATES KOrea (Na.)		1 YES 2 X NO Specify: Specify:						
ED	15. DECEDENT'S EDUCATION 16a. DE	CEDENT'S US	SUAL OCCUPATION Most done during most	N d of working	16b. KIND OF BUS	INESS/INOUSTRY	White		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	. Do NOT use r	etired.)	t or working	2				
OM	12th Grade F- 17. FATHER'S NAME (First, Middle, List)	irefig	nter	16. MOTHER'S NAM	Baltimor		ire Dept.		
BE C	August Denhardt				A. Szcieci		hardt		
10	19a. INFORMANT'S NAME (Type/Print)  Mr. Carl P. Denhardt	b. MAILING AD	DORESS (Street an	othy Doh	oute Number, City or Town	, State, Zip Code)	M.I. 01146		
	20s. METHOD OF DISPOSITION 20b.PLACE.	AND DATE OF	DISPOSITION (Nam			erna PK.	, Md.21146		
	4 Donatton 5 Other (Specify) Glen	Haven	nlanal				, Maryland		
	21. BIODIATURE OF PURPORAL SERVICE LICENSEE Kevin E. Ec	ker			al Home of				
	23. PARV I. Enter the diseases, or complications that caused the de	oth Do not	1 23/ E	. Patapso	co Ave B	alto. M	d. 21225		
	ahock, or heert failure. List only one ceuse on each line IMMEDIATE CAUSE (Final	).	enter the mod	e or dying, auch	aa cerdiac or respii	atory arreat,	Approximate interval Between Onset and Death		
- 1	disease or condition resulting in death)	TIC	SHO	CK					
z	DUE TO (OR AS A CONSEQUENCE OF):  MIETASTATIC NON-SHALL CELL CA								
AT 10	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
FIC	CAUSE (Disease or injury that initiated events	DUENCE OF):	VASI	MUKK	DISTAS	t			
CERTIFICATION	resulting in death) LAST								
CALC	PART II. Other aignificant conditions contributing to death but not r	eaulting in t	he undarlying	ceuse givan in Pr	art i. 24e. WAS AN		. WERE AUTOPSY FINDINGS		
	HYPERTENSIUE ARTERIOSCLE	KOTIC	CAR	DOUASC	U - PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
. M	- LAR DISEA	SE			_		1 TYES 2 THO		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLA	CE OF DEATH (Check	k only one)				
IYSI	1 YES 2 NO 1 Note that 2 ER/Outpetlant 3	DOA 4		5 Residence 6	Other (Specify)				
ВУ Р	1 Mitural 5 Pending (Month, Day, Year)	28b. TIME O	WOR	RY AT 2 K?	88d. OEŞCRIBE HOW IN	JURY OCCURED			
	2 Accident investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, ferm, stree	et, factory, offica	2	City or Town, State)	nd Number or Rural F	oute Number,		
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, de one)  2 MEDICAL EXAMINER: On the basis of examination and/or in the	ath occurred a	t the time, date a	nd place, and due to	the cause(s) and mann	her as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBI		29d. DATE SIGNED			
TO BE	The mycening - House	OFFIC	ER			· 47	9 /92		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM TEOPLES AND TEOPLES OF DEATH (ITEM TEOPLES AND TEOPLES OF DEATH (ITEM TEOPLES AND TEOPLES OF DEATH (ITEM TEOPLES AND TEOPLES AND TEOPLES OF DEATH (ITEM TEOPLES AND TEOP			R ST.	BALTO	MP	1/225		
	31. DATE FILED (Month), Day, Year)  32. REGISTRAR'S SIGNATURE	~			1-10-1				

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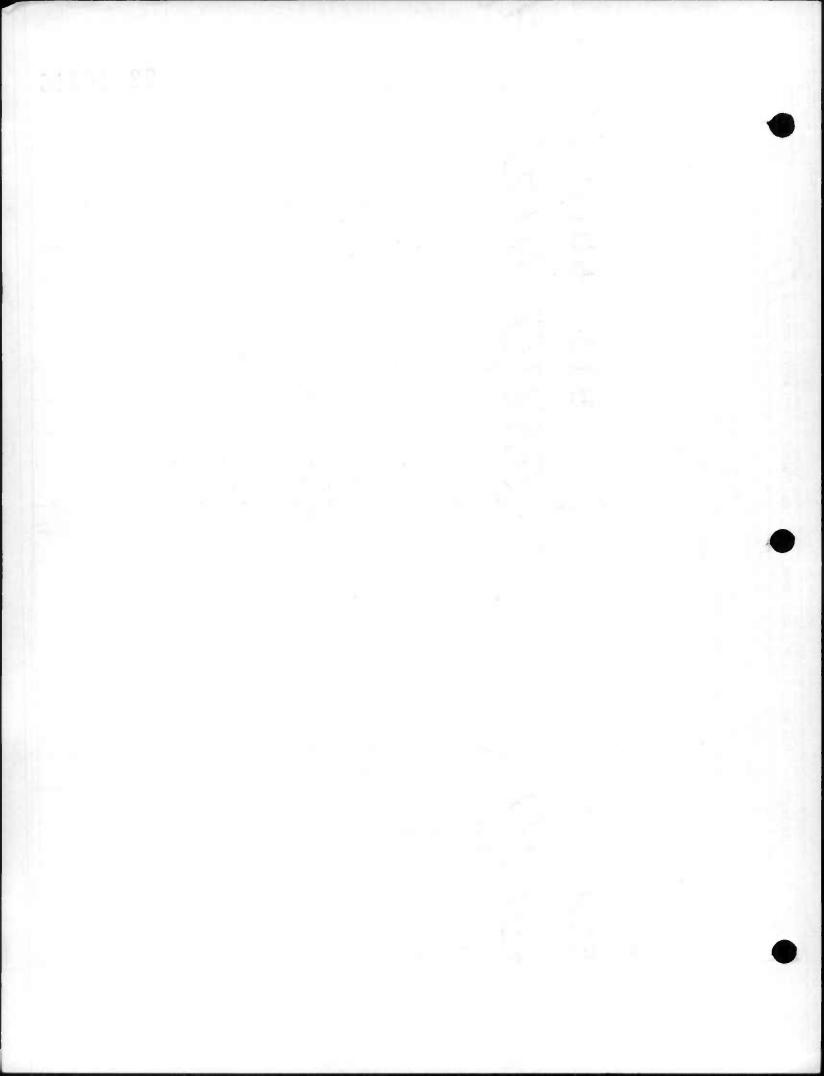
		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.		- 10313
		1. DECEDENT'S NAME (First, Middle, Lest) FRANCES	DEMP:	SEY			2. DATE OF GEATH MONTH	9 9	3. TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER  222 = 36 - 3064	5. SEX 6. AGE (	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHIS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-30-19	(	BIRTHPLACE (State or Foreign Country)
2, 3 should	OR	99. FACILITY NAME (If not institution, give st  ECONO LOGGE RESIDENCE OF DECEDENT	treet and number)			ess Ann		SOME	of DEATH erset
physician, burial-transit permit. Pages 1, 2,	DIRECTOR	100. STATE 10b. COUNTY Delaware Ker		0.000	y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
sit permit.	FUNERAL D	100. STREET AND NUMBER  4 Hudson Brand		'		1. ZIP CODE			OF WHAT COUNTRY?
Joins after death. Page 6 may be retained by the hospital or attending physician, d in by the funeral director, page 5 should be detached for use as the burlal-tran or removal.  medical examiner must be notified at once.	BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS OCCEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify:
al or attendir for use as ti	8	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of Ille. Do NOT u	USUAL OCCUPATE work done during me se retired.)	ON ost of working	16b. KIND OF BUS		
hospit; iched	COMPLET	12	1	Teac	her			cation	1
be detach	- 1	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden		
ould by	BE	Thomas Righy  19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (Street		aret Reyr		de)
s retained 5 5 should notified	5	Farle C. Demp	sev						ca, De. 1994
e 6 may be ector, page must be		26a. METHOD OF OISPOSITION  1 Burlel 2 Cremetton 3 Rem  4 Donation 6 Other (Specify)	oval from State	o. PLACE OF DISPO	SITION (Name of ca	metery, cremetory or		CATION — City	or Town, State
death. Page e funeral dir II. examiner		21, SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	ader Fu		me, Ir	
death certificate be executed within a construct a strending physician and completely filled in by the ental Hygiene prior to burial, cremation, or removal rry, or other traumatic event, the medical in.	CERTIFICATION	23. PART I. Enter the diseases, or o shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A		NF):	ode of dying, such	h as cardlec or reap	iratory arrest	Approximate interval Between One of and Death
		PART ii. Other significent condition	u.		to the contest to		5. A. J. A. W. A.		
OR ATTENDING PHYSICIAN: The law requires that the dea DIRECTOR: After this certificate has been signed by the att rours after death with the State Dept, of Health and Menta tem 28 is marked, or Item 23 shows any Injury,	N: MEDICAL	PAN II. Other symicent condition	s contributing to death i	out not resulting	ш пе иноенук	ig cause given in	Part i. 24a. WAS AN PERFO! 1 - YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N: The I icate ha State De Item 2	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)		
ICIAN: ertific the S	IYS	1 YES 2 NO	1 Inpetient 2 ER/Out	patient 3 DOA 28b. TR	4 - Nursing Ho	me 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	IN HIER COOK	50
PHY this with	ву РНУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	M 1	ORK? YES 2 NO			
OR ATTENDING DIRECTOR: After hours after death Item 28 Is ma	ETED	3	28e. PLACE OF INJURY building, etc. (Spe	cliy)	street, factory, om	ce	281. LOCATION (Street City or Town, State)	and Number or I	Hural Houte Number,
7 10 -	COMP	MEDICAL EXAMINE				death occured at the	time, date and place, ar		euse(s) end manner as stated.
TO THE HOSPITA TO THE FUNERA DE filed within 72 IMPORTANT: IS	.0 BE	BIGH STORE AND TITLE OF CENTIFIES	Hach	yr n	U)	D-102			IGNED (Month, Day, Year)
10	(		rling. W.D	. Cri	sfield,	MD 21	817		
10		APR 14 1992	32. REGISTRAR'S SIGN						



10.95 a strain of the second of the

1		1	ì	
BALTIMORE, MARYLAND 21203-3146	Thours after death. Page 6 may be retained by the hospital or attending physical	filed in by the funeral director, page 5 should be detached for use as the bester that on, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rious after death. Page 6 may be retained by the hospital or attending investigation.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the brank that some the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	TO T	5 8	IMP	

REGISTRAR		CERTIFIC	ATE OF DEA	TH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last ALICE	IRENE		DIX	MON	9	7 YEAR	11 95 Puy	
4. SOCIAL SECURITY NUMBER 217-07-5885	1.7-07-5885 1 □ M 2 ⊠ F 90 YRS. MONTHS DAYS HOURS MIN. (A					CANAI	DA	
9a. FACILITY NAME (II not institution, ghad 119 NORTHDALE RI		96	GLEN BURN			NE ARI		
10e. STATE 10b. COU	10a. STATE 10b. COUNTY						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER 119 NORTHDALE I	RD.		10f. ZIP COI 2106			S.A.	IAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 📉 NO		an, Mexican, Puerto	IN? (Specify Yea or No— ) Rican, etc.)	14. RACE Black, Specify	American Indian, White, etc.	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use re WARD SE(	done during most of work tired.)	ing	JOHN'S HOP			
17. FATHER'S NAME (First, Middle, Leet)  JOHN DUNN				THER'S NAME (First,	Middle, Maiden Surname	)		
198. INFORMANT'S NAME (Type/Print) BETTY SHOEMAKER		100000			BURNIE, M		50	
20a. METHOD OF DISPOSITION  1 XBurlal 2 Cremation 3 R  4 Donation 5 Other (Specify)	amoval from State	b. PLACE OF DISPOSITION Other place)	ON (Name of cometery, on	ematory or	20c. LOCATION	City or Tow	n, State	
4 Doneston 5 Other (Specify) MEADOWRIDGE MEMORIAL PARK 4-13-92 ELKRIDGE, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  SINGLET ON FUNERAL HOME  1 SECOND AVE. S.W. GLEN BURNIE, MD 21061								
23. PART I. Enter the disease, ahock, or heart fellul IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one cause on	ed the death. Do not each line.  Could be a consequence only	~ /				Approximate interval Betwee Onset and Dec	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  ULF TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant condit	iona contributing to death	but not resulting in t	the undarlying cause	given in Part i.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 3   NO   1   Input lant 2   ER/Outpat lant 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)								
27. MANNEW OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		WORK?  M 1 YES 2		EŞCRIBE HOW INJURY (	OCCURED		
3 Suicide 6 Could not determined	building, etc. (Sp	Y — At home, farm, atre ecity)	et, factory, office	281. LC	OCATION (Street and Num by or Town, State)	ber or Rural R	oute Number,	
000)	IYSICIAN: To the bast of my kno						and manner as stated.	
200. SASMATURE AND TITLE OF CERTI	FIER	1	D	CENSE NUMBER	294.0	4/1	Morgh, Day, Mari	
NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF C		HWY. CRAIN	GLEN	BURNIE, N	1D	21061	
31. DATE FILED (Morth, Day, Year)	32. REGISTRAR'S SIG		INI. CRAIN	TOWERS	SOLIE ZUI		21001	



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

APR 14 1992

REGISTRAR				CERTIF	ICATE (	OF DE	ATH		REG. NO	<b>D</b> .		
1. DECEDENT'S NAME (First	, Middle, Last)								E OF DEATH	DAY		3. TIME OF DEATH
GEORGE LESI	LIE DO	NOHO. JR.						O Z		19	92	
4. SOCIAL SECURITY NUME		8. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YE	EAR IF UNI	DER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTHE	PLACE (State or Foreign
216-12-2654	,	1 € M 2 □ F	67	YRS.	MONTHS DA	AYS HOUR	S MIN.	(Mo	nth, Day, Year)	1925	NA A D V	
Sa. FACILITY NAME (If not in	•		07		9b. CITY. TO	WN OR LOC	ATION OF D	02	20		INTY OF DE	LAND
NORTH ARUNI	EDENT	SPITAL			L GL	EN BU	RNIE			AN	NE AR	UNDEL
10e. STATE	10b. COUNT	ry		10c. CIT	Y, TOWN OR L	OCATION					T	10d, INSIDE CITY
MD	ANIN	E ARUNDEI		CI	EN BUR	NIE						LIMITS? 1 YES 2 NO
10s, STREET AND NUMBER		E AKUNDEI	-	1 61.	EN DUK	101. ZIP C	ODE			10a, CIT		HAT COUNTRY?
7057 DAYMEN	10DE 6					107						
7857 BALTIN	10RE &	ANNAPOLI	S BLVD	ADMED	40.110	210					S.A.	
1 X Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	NO					NN? (Specify You o Rican, etc.)	es or No-		- American Indian, Whits, etc.
3 Widowed 4 Dive		IF YES, GIVE V		T 1 T T	1 🗆	YES 2 X	VO Speci	lly:			Specif	
46 DEC	EDENT'S EDI	ICATION		WII	USUAL OCCU	-		Ta				WHITE
(Specify on	y highest grad	e completed)		(Give kind of	work done durir se retired.)	ng most of wo	orlding	13	86, KIND OF BI	USINESS/IN	DUSTRY	
Elementary/Secondary (1	0-12)	NONE			issi rearea.)				A & P	CDOC	ממם	mon n
		NONE		LERK						Ozto o.	EKI 5	TORE
17. FATHER'S NAME (First, M	The state of the s					100		XV.	, Middle, Maide			
GEORGE LESI	JIE DO	NOHO, SR.				L	ILLIA	AN BO	WIE WO	DRTHI	NGTON	
19a. INFORMANT'S NAME (									mber, City or To	TELESCO.		
MRS. ELIZAF	BETH B	URNETT		806 B	ENTWIL	LOW D	R. G	LEN	BURNIE	E, MD	2106	1
20a. METHOD OF DISPOSIT	TON		20b. PLA	CE OF DISPO	SITION (Name	of cometery, o	crematory or		20c. L	OCATION -	City or Tox	vn, Stats
4 Donation 5 Other		noval from State			RK CEM	FTFRY	. ,	1-1/1-	-92 BA	ттмо	RE M	4D
21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE /	/	/VI 1/1		ME AND ADD			JZI DA	di ino	ILL.	
· 97.	M	91	1.		SIN	GLETO	N FUN	VERAI	HOME			
.17.	Yeung	1 Stopes	Ems		1 S	ECOND	AVE.	S.V	. GLEN	BUR	NIE.	MD 21061
23. PART I. Enter the d	iseases, or	complications the	t caused tha	death. Do	not enter the	e mode of	dying, su	ch as c	ardiac or res	piratory ar	reat,	Approximate
IMMEDIATE CAUSE (FI												Onset and Deat
disease or condition		CA	DIDUA	owns	11)14	1110						Tyree
resulting in death)			(OR AS A CON									1
	_											
Sequentially list condit		DUE TO	(OR AS A CON	SEQUENCE C	OF):							+
if any, leading to imme cause. Enter UNDERLY												
CAUSE (Disease or Injuthat Initiated events	ury	C. DUE TO	(OR AS A CON	SEQUENCE O	OF):							+
resulting in death) LAS	T .											
		d										
PART II. Other significa	ent conditio	ns contributing to	death but n	ot resulting	In the unde	rlying caus	e given li	n Part I.		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
									100	DRMED?	- 1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
-					-				1 TYES	2   NO		OF DEATH?
									1			1 TES 2 NO
				_								
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	28. PLACE O	F DEATH (C	Check only	one)			
1   YES 2   NO		1 Inpatient 2	☐ ER/Outpation	3 🗆 DOA		Home 5	Residence	8 0	ther (Specify)			
27. MANNER OF DEATH		28a. DATE Of (Month, I	F INJURY	28b. TH	ME OF 28	C. INJURY AT	Г	20d. E	EȘCRIBE HOW	INJURY O	CURED	
	Pending investigation		-y, 10-/			1 YES	2 🗌 NO					
2 Accident 3 Suicide	Could not be	28e. PLACE (	OF INJURY - A	t home, farm,	street, factory	, office		28f. L	DCATION (Street	t and Numbi	er or Rural R	loute Number,
4 Homicide	determined	building	etc. (Specify)					0	lty or Town, Stat	(w)		
29a. CERTIFIER DOT and			DI SUNT	200	Bell III	Wal rate		_				
(Check only	ACCURAGE FULL	SICIAN: To the best o										
2 7	NCAL EXAMIN	ER: On the basis of	mamigation/and	For Investigati	ion, in my opin	sion, death or	coursed at th	ne time, d	ste and place,	and due to t	the cause(s	) and manner as stated.
296. SIGNATURE AND TITU	yor genne	en ///	1/1	)		26c.	LICENSE M	UMBER		19d. DA	re nighto	(Wigh, Day, Year)
1///	W	1/1/1/	11/	_		1/	10 46	64	4	<b>•</b>	1/3/	3~
SO. NAME AND KOORESS O	F PERSON W	HO COMPLETED CAL	BE OF DEATH	TEM 27) (No	a, Print)				-	-	-	
36. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	BE OF DEATH	(TEM 27) (%)	u, Print)					-		

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AI	ND MENTAL HYGIEN				
		Anthony N. De			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	216-16-9687	1 X M 2 □ F 67	YRS. MON		5-4-1924	a. BIRT	HPLACE (State or Foreign try) yland		
TOR	90. FACILITY NAME (If not institution, give			Baltimore		9c. COUNTY OF	DEATH		
DIRECTOR	Maryland 10b. COUN			MORE FOCUTION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5075 Wright Ave.	5075 Wright Ave. 21205					WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, specify Cuben, M	ISPANIC ORIGIN? (Specify Yellexicen, Puerto Ricen, etc.) Specify:	or No — 14. RAC Blac Spec Whi	E — Americen Indian, k, White, etc.		
COMPLETED	15. DECEOENT'S EC (Specify only highest grad Elementery/Secondery (0-12) 8 Yrs.	de completed) College (1-4 or 5+)		one during most of working ad.)		SINESS/INDUSTRY			
COM	17. FATHER'S NAME (First, Middle, Last)		lsst. Operat:		S NAME (First, Middle, Meiden	Industrie	<u> </u>		
BE	Luigi Dell'Acq	ua	19b MAILING ADD		lina Onorato Furmi Route Number, City or Yow				
5		l'Acqua			Apt. 1D, Ba		21228		
	20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION — City or Town, State   1 N Burlet 2 Cremetion 3 Removal Iron State   Capacitory, crematory or other place   4 Donetion 5 Other (Specify)								
	ROY H. Cath	er		22. NAME AND ADDRESS C	DE FACILITY				
-	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Myo Capedral Towfare Town  Oue TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.   HYPSTENS(UN).  OUE TO (OR AS A CONSEQUENCE OF):  Leaking Abd Cortion. Anouncism Survey out to (OR AS A CONSEQUENCE OF):  d.								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  ACUTE Reval Facture  AROS VS CHF  1 YES 2 NO  246. WAS AN AUTOPSY PINDING AMARABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 ANO	HOSPITAL:		26. PLACE OF DEATH					
РНУ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Reside	28d. DESCRIBE HOW II	NJURY OCCURED			
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify,	At home, larm, street,	1 YES 2 NO	281. LOCATION (Street e City or Town, State)	and Number or Rural F	Route Number,		
COMPLETED	200 CERTIFIED AV	SICIAN: To the best of my knowled	Go dooth occurred at 1						
COM	2 MEDICAL EXAMIN	ER: On the basic of examination e	nd/or investigation, in n	ty opinion, death occured at	t the time, date end place, en	ner ee stated. If due to the ceuse(e	) end manner ee stated.		
TO BE		man Me	20	29c. LICENSE	1946018	29d. DATE SIGNED	9)		
-	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	20/E	Unix. Pke	B.	et no		
	31. DATE FILED (Month, Day, Year) · · · .	32. REGISTRAR'S SIGNATI	JRE		. , //	7			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bujial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CITY OF

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BALLIMORE, MARYLANI	24 hours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detache tion, or removal.	the medical examiner must be notified at once.
Division of VII At AECONDS, F.O. BOX 88760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H			YGIENE EG. NO.	92	103	19
ROBERT	ED	WARD	ERVIN	JR.	2. DATE OF E	DEATN DAY	1992	3. TIME OF DE	АТН
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HRTN	8. BIRTI	IPLACE (State or	Foreign

	1. DECEDENT'S NAME (First,	Middle, Last)					2. DATE OF DEATN 3.						3. TIME OF DEATH		
	ROBERT		ED	WARD		ERVIN JR.				04 08 1992				11:35 p M	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)				7. DATE OF BIRTH 8. BIRT			8. BIRTH	PLACE (State or Foreign		
	220 66 565		1 M 2 □ F	33	YRS.	MONTHS								ryland	
_	9a. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							EATN					
5	WEST NURSERY		WEST OF	HAMMON	DS FE	RRY	ROAL	) LII	NTHI	CUM		ANN	E ARI	NDEL	
S I	10a. STATE	10b. COUNT	Y		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY	
DIRECTOR	Maryland Anne Arundel				L	inthi	icum							LIMITS?  1 YES 2 NO	
AL	10s. STREET AND NUMBER						10	f. ZIP CODI	E			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	505 Louis	e Aver	ue					210	90			U.	S.A.		
5	11. MARITAL STATUS  1 № Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 №					13.	WAS DE	CENDENT O	F NISPAN	HC ORIGIN? (S	pecify Yea	or No-	14. RACE Black	— American Indian, White, etc.	
84	3 Widowed 4 Divo		IF YES, GIVE Y		*	1 ☐ YES 2 🔯 NO Specif								White	
0	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	S USUAL C	OCCUPATI	ON		18b, KIN	D OF BUS	INESS/IN	DUSTRY	WILLCE	
Ti.	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	+)	(Give kind of life. Do NOT (	work done ise retired.)	during m	ost of workin	ng						
COMPLETED	12th Grad	e		1	Roofe	r				Co	nstr	ucti	on		
8	17. FATNER'S NAME (First, M)	TNER'S NAME (First, Middle, Last)								ME (First, Middle		,			
BE			Robert E.	Ervin						ara E.					
2	19a. INFORMANT'S NAME (7) Robert Erv							end Number Venue		Toute Number, C				21,000	
	20a, METHOD OF DISPOSITI	ON		20h Bl 40										21090	
	20s. METHOD OF DISPOSITION  1 to Burla! 2 Cremation 3 Removal from State  4 Donation 8 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Cametery, crematory or other piece)  Meadowridge Memorial Park 4/11 Baltimore, Maryland											The state of the s			
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	(2)	, OWL IC	22.	NAME A	NO ADDRES	SS OF FAC	CILITY		****			
	Much	au	der	/ Ne	4					ce Fur				A. . 21225	
	23. PART I. Enter the di	seeses, or o	complications the	t coused the	death. Do	not ente	r the me	de of dyi	ing, suct	ea cardisc	or reaple	ratory ar	rest,	Approximats	
	ahock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final Onset and Daeth														
1	disease or condition a. Multiple Lnjuries														
	DUE TO (OR AS A ONSEQUENCE OF):														
o l	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
8	cause. Enter UNDERLY!! CAUSE (Disease or Injur	NG	C												
E	that initiated eventa resulting in death) LAST		DUE TO	(OR AS A CONS	SEQUENCE (	OF):									
CERTIFICATION			d,												
AL	PART II. Other significes	nt condition	s contributing to	deeth but no	t resuiting	In the u	nderlyin	g ceuse g	iven in l	Part I. 24a	WAS AN /		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL										_ 1/2	YES 2			COMPLETION OF CAUSE OF DEATH?	
- 11										_   '				1 - YES 2 - NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL													
S S	EXAMINER?	MEDICAL	HOSPITAL:	-0010504730		OTHE	R:			ck only one)	-	T TCILL	O DO	7 F2C.77 **	
H	27. MANNER OF DEATH		1 Inpatient 2 I		3 LI DOA	-	_	URY AT	sidence	28d, DESCRIE		_		ADWAY	
	37	Pending nvestigation	04/08	71992		JURY	WC	PK7	NO					O IMPACT	
D BY	2 Culeldo	Could not be	28e. PLACE O	F INJURY - A					P.CM	28f. LOCATION					
		letermined	OF HA	MMONDS	FERRY	ROA	Ď, Ĩ	UBLI	CSI	LINTH	ICUM	, MA	RYLAI	VD 21090	
3 Suicide 6 Could not be determined OF HAMMONDS FERRY ROAD, PUBLIC  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, desta and place, and due to the time of the best of examination end/or investigation, in my opinion, death occurred at the time.										to the cause(s)	and man	ner sa stat	led.		
Š	one) 2 MEDIO	CAL EXAMINE	R: On the basts of a:	camination end/	or investigati	on, In my	opinion, d	leath occur	ed at the t	lime, data and	plece, and	dua to th	ne ceuse(s)	and manner as stated,	
H	296. SIGNATURE AND TITLE	OF CERTIFIEF	1	7/				29c. LICE	NSE NUM	BER		29d, DAT	E SIONEO	(Month, Day, Year)	
ē l	Kle	un	s & Ce	Court .	CIENT			0.0	C.M.	E.		▶04	/09/1	L992	
	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF OEATN (IT	111 F		Cunna	י חיקוי	יייי דעכ	TMODE	5420	SZE 22-	D 0	204	
	31. DATE FILEO (Month, Day, )	bar)	3 REGISTRA	R'S SIGNATURE		TIMIN	SIKE	ا لاش	DALT.	IMORE,	MAR	YLAN	D 21	1201	
- 1	APR 14	1992	gulia Da	vidoor-A	mobile									- 13	

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		Pages
		permit.
0	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CIAN: The law requires to	ertificate has been signed	the State Dept. of Health	or item 23 shows a
DR ATTENDING PHYSI	DIRECTOR: After this c	hours after death with	tem 28 is marked,
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 !	IMPORTANT: If I

10320 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATI		MENTAL HYGIENE 9	12 10320					
	1. DECEDENT'S NAME (First, Middle, Last) Georg	e	Ford		April 9, 1992	2 YEAR 4:45am M					
	4. SOCIAL SECURITY NUMBER 218-09-4361	1 € 2 □ F 86	yrs. lest birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/2/1906	BIRTHPLACE (State or Foreign Country)  MD					
OR	9a. FACILITY NAME (If not institution, give street and number)  Maryland General Hospital  9b. CITY, TOWN OR LOCATION OF DEATH  Baltimroe City  9c. COUNTY OF DEAT										
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c. CITY, TOWN	DR LOCATION Baltimore Ci	ty	10d. INSIDE CITY LIMITS? 1 V YES 2 NO					
FUNERAL	MD 100. STREET AND NUMBER 3228 Tioga Pa	arkwav		10f. ZIP CODE 212		10g. CITIZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		NIC ORIGIN? (Specify Yea or No an, Puerto Rican, etc.)						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION ocompleted) Coffege (1-4 or 6+)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	B/INDUSTRY (STARO)						
E COM	17. FATHER'S NAME (First, Middle, Last)	A. Ford.Sr.			AME (First, Middle, Maiden Surner	me)					
TO B6	THE INFORMANT'S NAME (SUNFING)	A Edunds			rie W. Ford  Roya Number, City of Jown, Stell  All Mo	vend. 21215					
	20a. METHOD OF DISPOSITION  10 Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  Arbutus Mem. Pk  Balto County										
	21. 9 GNATURE OF FUNERAL SERVICE LIN	L. Russ	/ 3	NAME AND ADDRESS OF FA TOSEPH L. RUS 222 W. North	ss Funeral Ho h Ave Balto,	me					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heert feliure. List only one cause on each line.  Approximate interval Between										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Aspiration pneumonia										
NOI	DUE TO (OR AS A CONSCOUENCE OF):  Cerebral Infarct  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
G	DART II ON THE STATE OF THE STA	d				PSY 24b. WERE AUTOPSY FINDINGS					
MEDICAL	PART III. Other aignificent condition	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 M NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	heck only one)						
YSIC	EXAMINER?  1 YES 2 X NO	HOSPITAL: 12 Inpatiant 2 ER/Outpat	fent 3 DOA 4 Nu	R: sing Home 5 🗆 Residence	6 Other (Specify)						
ву Рн	27. MANNER OF DEATH  1 A Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	26d. DEŞCRIBE HOW INJURY	OCCURED					
G	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY - building, atc. (Specif)	- At home, farm, street, fac	tory, affice	281. LOCATION (Street and Nu. City or Yown, State)	mber or Rural Route Number,					
COMPLET	000)	ICIAN: To the best of my knowle ER: On the besis of examination				a stated. to the cause(a) and manner as stated.					
TO BE	296. SIGNAPOPPE AND TITLE OF CERTIFIE	M.A.		29c. LICENSE NU	#BER 29d. ▶	DATE SIGNED (Norm, Del. Year)					
	/	Ciliberto, M.D	). c/o M	aryland Gene	eral Hospital	1/ -/					
	31. DATE FILED (MONTH, Day, Year)  APR 14 1992	32. REGISTRAR'S SIGNAT	URE								



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Transfer of the Asset	IN THE HOSTILL	TO THE FUNERA	be filed within 7	IMPORTANT:	

HYGIENE	92
DEC NO	

	1 - FOR STATE REGISTRAR	OF MARYLAND		MENT OF H		MENT	AL HYGIEN	Ε	92	1032	
	1. DECEDENT'S NAME (First, Middle, Lest) Minnie FIRESTONE					MOI	TE OF DEATH	1992	/EAR	ME OF DEATH	
	4. SOCIAL SECURITY NUMBER 8. SEX $213-10-2444$ 1 $\square$ M 2		YRS.	F UNDER † YEAR ONTHS DAYS	Ju	Anril 12 1992 112:00  7. DATE OF BIRTH (Month, Day, Year) June 20,1901 MAryland					
TOR	9a. FACILITY NAME (If not institution, give street and num Franklin Square Hosp RESIDENCE OF DECEDENT		9		OSSVIL			76.	of DEATH	County	
DIRECTOR	10a. STATE 10b. COUNTY	imore	10c. CITY,	TOWN OR LOCAL	ion Idle Riv	ver				INSIDE CITY LIMITS? YES 2 A NO	
FUNERAL	100. STREET AND NUMBER 10119 Bird River R	oad		101	ZIP CODE	220			N OF WHAT O	COUNTRY?	
BY	1 Never Married 2 Married FORCE	ECEDENT EVER IN U.S. A S? 1 N YES 2 K GIVE WAR OR DATES	RMED NO	if yes, sp	ocify Cuban, Mex		GIN? (Specify Year o Rican, etc.)	or No-	Black, Whit	merican Indian, Ia, etc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1		'Give kind of wor le. Do NOT use i	BUAL OCCUPATION And the done during more d	DN st of working	1	6b. KIND OF BUS	SINESS/INDUS	STRY		
BE COMF	17. FATHER'S NAME (First, Middle, Lest) George Yeager		11005	CWILC	_	NAME (First	t, Middle, Malden	Surname)			
10 8	19a. INFORMANT'S NAME (Type/Print) Catherine Messenger	1	96. MAILING AI	9 Bird	nd Number or Ru River I	Road	mber City or Town BAltimo	n, Statu, Zip Co ore Md	. 212	20	
	20a. METHOD OF DISPOSITION  Lack Surial 2 Cremation 3 Ramoval from S  Lack Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ANDDATE OF		4/:	16/92			ON — City or Town, Stata Lair Md.		
	Connelly Fun	ual Ho	me	Conne	_	eralH	ome 300			1221	
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in F							Part I. 24s. WAS AN AUTOPSY PERFORMED? AW CC OF			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO t population			THER:	ACE OF DEATH						
ВУ РНУ	27. MANNER OF OKATH  26a. 0  Netural 5 Pending Investigation	ATE OF INJURY Month, Day, Year)	28b. TIME C	OF 28c. INJ			ESCRIBE NOW II	JURY OCCUI	RED		
	3 Suicide # Continue 28a. F	3 Suicide 5 Could not be 28s. PLACE OF INJURY — At home, farm, street, fectory, office 28s. LOCATION (Street and Number or Rural Route Number, building ste (Specific)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the be									manner se stated.	
TO BE	29b. SIGNATURE AND VITLE OF CERTIFIER	Um	(y)	mo	29c. LICENSE N	S I		29d. DATE S	IGNED (Monti	1, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLET Marvin Rombro, M.D.	805 Fuse	lage A		Baltimo	ore	MD 2122	0			
	APR 14 1992	endoon-Agnos	82								



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	PITAL	RAL 72 h	1 1 1
	HOS	FUNE	TTAN
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	_	- 0	-

	1 - STATE REGISTRAR	STATE OF I	MARYLAN	ID / DEPAR	RTMENT (	OF H	DEALTH	AND	MENT		YGIEN EG. NO.	E	Sun.	10022
	1. DECEDENT'S NAME (First, Middle, Last)									E OF C	EATH			3. TIME OF DEATH
	Lorraine	Fabiszak							Apr	ïl	11,	199	2 YEAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. last birthday)	IF UNDER 1 Y	EAR	IF UNDER	R 24 HRS.	7. DAT	E OF B	IRTH Year)		6. BIRTHI	PLACE (Stete or Foreign
	220-24-6060	1 M 2 F	60	YAS.					Ju	ne		19		enna.
l cc	9e. FACILITY NAME (If not institution, give a				9b. CITY, TO				EATH			9c. COU	ITY OF DE	ATH
DIRECTOR	7035 Conley	Street			Ea	st	WOO	d				Ba	ltin	nore
l m	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY		
	Md. Bal	timore				E	ast	WOO	d					LIMITS?
1A	10e. STREET AND NUMBER				101. ZIP CODE 10g. CITIZEN OF WHAT COUNT									
FUNERAL	7035 Conley	Street					2	122	4			U.	S.	A -
5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED	13. WAS	DEC	ENDENT (	OF HISPA	NIC ORIG	IN? (Sp	ecify Yes	or No-	14. RACE	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V					2 NO							ite
ED	15. DECEDENT'S EDU	CATION	16	a. DECEDENT'S	USUAL OCCU	PATIO	ıN.		-	th WINE	OF BUI	INESS/IND		ite
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT us	work done durin	ng mos	st of workli	ng	1	PO. PURV	OF BUS	ME39/MD	USTHY	
4P	10TH Homemaker													
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First	, Middle	Meiden :	Surname)		
BE	Clarence	Rankin						Dor			Ros			
2	19e. INFORMANT'S NAME (Type/Print)	o a a la			ADDRESS (St						ty or Town	r, Stete, Zip	Code)	
-	Edward A. Fabi	szak		7035	Conl			• B	alt	0 •	Md	. 2	21.22	4
	20e. METHOD OF DISPOSITION  1 & Burlei 2 Cremetion 3 Removal from State  4 Donellon 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of complex, crematory or other piges)  Oak Lawn Cemetery  4/15 Balto. Md.													
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Ua	K Law						15	B	alto	•	Md •
Ц	22. NAME AND ADDRESS OF FACILITY  Connelly Funeral Home of Dundalk  7110 Sollers Point Road. 21222  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
	23. PART I. Enter the diseases, Dr c shock, pr heart failure.	complications that	t caused th	a desth. Do r	not entar the	тос	le Df dy	ing, suc	h aa ca	rdiac (	or reapir	ratory sm	est,	Approximata
	shock, or heart failura. List only one cause or such line.  IMMEDIATE CAUSE (Final disease or condition )													
	disease or condition										34 sens			
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions,  If any leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
CAT	cause. Enter UNDERLYING													
Ē	CAUSE (Disesse or Injury that initiated eventa	DUE TO	(OR AS A CO	NSEQUENCE OF	F):									
띪	resulting in death) LAST	d												
2	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													
2				an rounding i	m the dide	ymg	cause (	liven in	rait i.		PERFORI			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC										1 🗆	YES 2	□ NO	1	OF DEATH?
														1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	6. PL/	ACE OF DI	EATH (Ch	eck only o	(rie)				
Sic	1 YES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatier	nt 3 🗆 DOA	OTHER:						-164			
РНУ	27. MANNER OF DEATH	28e. DATE OF (Month, Da	INJURY	28b. TIM	E OF 28c	ULNI .	RY AT					JURY OCC	URED	
ВУ	1 Natural 8 Pending 2 Accident Investigation	Julional, Di	uy, roury	103	M 1	WOR	ES 2	NO						
	3 Suicide 8 Could not be	28e. PLACE Of building.	F INJURY — / atc. (Specify)	At home, ferm, s	treet, fectory,	office			28I. LO	CATION	(Street ar	nd Number o	or Rural Ro	ute Number,
	4 Homicide determined		-transmiss						On	0 104	i, Siele)			
COMPLETED	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge	e, death occurre	d at the time,	date e	end place,	end due	to the co	use(e)	end menr	ner ee state	d.	
Š.	one) 2 MEDICAL EXAMINE	R: On the basis of ex	camination end	d/or investigation	n, in my opinio	on, de	ath occur	ed at the	time, dat	e end p	lace, end	due to the	cause(e)	and menner se stated.
BE (	29b. SIGNATURE AND TITLE OF CENTRELE	01	1				29c. LICE	NSE NUM	4BER			29d. DATE	SIGNED (	Month, Day, Year)
0	m. runtell Me	4/1- 11	essec	cen			019	714	1			D 7/	17/9	7
	30. NAME AND ADDRESS OF PERSON WHI	MPLETED CAUS	-	(ITEM 27) (Typo.	Print) 494	0	٤	urle	, (	tre	B	allin	N. A	nderly
	31. DATE FILED (Month, Day, Year) APR 1 4 1992	7 32. REGISTRA	H'S SIGNOTIO							,			,	, , ,
- 11	17/1/ 2 1000													



DHMH-18 Rev 1/89

 $\Omega_{ij}$ Actil Hish 220-24-6980 June 10, 1931 Purous 7035 onless sime of BITTETE CHETWOO Saltimore . D. a. DOOWIES Will Colley Street + 5512 N. S. N. HIOI TEMPTON OF Tareco Farer lorotly tosc Edward A. Fabisak 7035 Conley St. Balto. Md. 22224 Uak Lawn Cemetery 4/15 Dalto. Md. concelly uneral home of sundain 7110 Sollers Found Foze. 21222

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BALTIMORE, MARYLAND 21215-002	retained
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ALT	death
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	within 24 hours after death. Page 6 may be retained by the hospital or attendion pay
60,	within

DIVISION OF VITAL RECORDS, P.O. BOX 687

1 - STATE STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) (1 ONOV) 2. DATE OF	REG. NO.		
William T (Leroy) Diela Month	DAY	YEAR 3. TIME OF DEAT	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF	9/1992	8. BIRTHPLACE (State or For	
216-12-7161 IV M 2 DE 177 VPS MONTHS DAYS HOURS MIN. (Month, C	Day, Year)	Country)	
	21/1944	<u>Maryland</u>	
Se. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH	9c. CO	UNTY OF DEATH	
North Arundel Hospital Glen Burnie	l Ai	Anne Arundel	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			
C I I I I I I I I I I I I I I I I I I I	- \	10d. INSIDE CITY LIMITS?	
		1 TYES 2 [X]	
101. ZIP CODE  4117 Twin Circle Way	10g. Cl	10g. CITIZEN OF WHAT COUNTRY?	
4117 TWITH CITCLE WAY 21227		USA	
10a. STREET AND NUMBER  4117 Twin Circle Way  11. MARITAL STATUS  1 Never Married  1 Never		or No — 14. RACE — American Indian, Black, White, stc.	
3 Widowed Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify:	are, area,	Specify:	
		White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	IND OF BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +)			
	lorn and l	Horn Cafeteri	
17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Lest)			
Robert L. Fields Daisy Lil	ley Field		
196. IMPOHMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Bural Route Number,			
Ms. Darlen Price 4117 Twin Circle Way, Ba	ltimore,	Maryland 212	
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	20c. LOCATION -	- City or Town, State	
1X Buriel 2 Cremellon 3 Removel from State   Cometary, crematory or other place   Glen Haven Memorial Park 4/13	Glan R	urnie, Maryla	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	I dien bi	urnie, naryra	
Kevin E. Ecker   McCully Funeral Ho	me of Bro	ooklyn	
237 E. Patapsco Av	e., Balto	o., Md. 21225	
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardle shock, or heart fellure. List only one cause on each line.	c or respiratory a		
	1	Interval Be Onset and	
disease or condition resulting in death)	. Mass	ve	
immediate Cause (Final disease or condition resulting in death)  e. Due to (or as a consequence of:  Due to (or as a consequence of:  Meloglotic fung Cauce E	11/2 045	ic.	
- Melostatic Jung Cance -	Heright St.	7	
Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):			
Cause. Enter UNDERLYING CAUSE (Disease or Injury			
that initiated events  DUE TO (OR AS A CONSEQUENCE OF):			
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.			
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.	4a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIF AVAILABLE PRIOR 1	
	YES 2 NO	COMPLETION OF C	
Z		1 YES 2 N	
2		1	
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 Ves 2 NO 1 Ingestignt 2 Ser/Outpetignt 3 DOA 4 Number Home 5 Residence 6 Other (	Pagaikil		
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25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetient 2 FR/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (3 Nanner OF CATH (Month, Dey, Year)  28. DATE OF INJURY 28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?  29. CERTIFIER (Check only One)  28. PLACE OF INJURY — At home, farm, street, fectory, office  28. CERTIFIER (Check only One)  29. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause of medical examination and/or investigation, in my opinion, death occurred at the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and place and the time, date and place and the time, date and place and	ION (Street and Number Town, State)  (a) and manner as stand place, and due to to	or or Rural Route Number, sted, the ceuse(a) and menner as st	
25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetient 2 FR/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (3 Nanner OF CATH (Month, Dey, Year)  28. DATE OF INJURY 28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?  29. CERTIFIER (Check only One)  28. PLACE OF INJURY — At home, farm, street, fectory, office  28. CERTIFIER (Check only One)  29. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause of medical examination and/or investigation, in my opinion, death occurred at the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and place and the time, date and place and the time, date and place and	ION (Street and Number Town, State)  (a) and manner as stand place, and due to to	or or Rural Route Number, sted, the ceuse(a) and menner as st	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF OEATH (Check only one)  27. MANNER OF OEATH  28. DATE OF INJURY  Month, Dey, Year)  28. DATE OF INJURY  Accident  28. DATE OF INJURY  MONTH, Dey, Year)  28. DATE OF INJURY  MONTH, Dey, Year)  28. DATE OF INJURY  MONTH, Dey, Year)  28. DATE OF INJURY  At home, farm, street, fectory, office  28. PLACE OF OEATH (Check only one)  28. PLACE OF INJURY  At home, farm, street, fectory, office  28. PLACE OF INJURY  1 YES 2 NO  28. PLACE OF INJURY  28. DATE OF INJURY  1 YES 2 NO  28. PLACE OF INJURY  28. DATE OF INJURY  1 YES 2 NO  28. PLACE OF INJURY  1 OR  28. PLACE OF INJURY  1 OR  28. DATE OF INJURY  1 OR  28. DATE OF INJURY  1 OR  28. DATE OF INJURY  1 OR  28. DATE OF INJURY  1 OR  28. DATE OF INJURY  1 OR  28. DATE OF INJURY  1 OR  28. DATE OF INJURY  28. DATE OF INJURY  1 OR  28. DATE OF INJURY  1 OR  28. DATE OF INJURY  28. DATE OF  1 OR  28. DATE OF  28. DATE OF  28. DATE OF  28. DATE OF  1 OR  28. DATE OF  28.	ION (Street and Number Town, State)  (a) and manner as stand place, and due to to	or or Rural Route Number, sted, the ceuse(a) and menner as st	



and a second of the second of

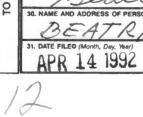
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traun

								92	2 10324
	1 - STATE REGISTRAR	STATE OF MARY			T OF HEALTH		MENTAL HYGIEN REG. NO.	E	10024
	1. DECEDENT'S NAME (First, Middle, Lest)  FRAN	Frank N.	. Fidat	i T1			2. DATE OF DEATH MONTH DA	1 / 9	3. TIME OF DEATH 2 /6/5/PM
	198-10-8684	1 🔀 M 2 🗌 F	E (In yrs. last birthday 77 YRS.	IF UNDE MONTHS		MIN.	7. DATE OF BIRTH (Month, Day, Year) AUGUST 26	8.	BIRTHPLACE (State or Foreign Country)
S.	9a. FACILITY NAME (If not institution, give street and number) St. Joseph Hospital			9b. CIT	96. CITY, TOWN OR LOCATION OF DEATH TOWSON			9c. COUNTY OF DEATH Baltimore	
DIRECTOR	RESIDENCE OF DECEDENT			ITY, TOWN OR LOCATION					10d. INSIDE CITY
	Pennsylvania S			Scra	cranton			10g. CITIZEN	LIMITS?  1 YES 2 NO  OF WHAT COUNTRY?
FUNERAL	1106 Grandview St.				1850				S.A.
COMPLETED BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:			or No 14.	RACE — American Indian, Black, White, etc. Specify: White
	Elementary/Secondary (U-12) College (1-4 or 5+)			f work done use retired.	ne during most of working f.)			'RY	
Š.	17. FATNER'S NAME (First, Middle, Last)	2 YI S	1 261	1 - 5111	ployed 18. Mo	THER'S NA	ME (First, Middle, Maiden		
BE	Frank N.	Fidati,				Julia Bartecchi			
5	The state of the s				DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  THE AS #10				
	20e. METHOD OF DISPOSITION  1								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr.		22	22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Road					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause of each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)								
N	Sequentially list conditions,	Sepi	A CONSEQUENCE	SA	ock				
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Caro	A CONSEQUENCE	_ <	try	,tr	mia	-	
ਹ	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS AMALABLE PRIOR TO								
MEDICAL	1   YES 2   NO   COMPLETION OF CAUSE OF DEATH? 1   YES 2   NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)								
rsic	EXAMINER?  HOSPITAL:  OTHER:  1   YES 2   NO								
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation			M			26d. DEŞCRIBE HOW II	RIBE HOW INJURY OCCURED	
<b>a</b>	3 Suicide 6 Could not be 4 Homicide determined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			281. LOCATION (Street a City or Town, State)	ind Number or F	Bursi Route Number,			
COMPLET		AN: To the best of my kno							use(s) and manner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIER	PRO	ina	n		CENSE NUM			GNEO (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE OF A	Earl dress on G	7 1	0.0	10		7	11/1/2

WHO COMPLETED CAUSE OF DEATH (TEM 27) (1/6).

32. REGISTRAR'S SIGNATURE



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

"IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE O	F DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lr at)					2. DATE OF E	DEATH		3. TIME OF DEATH
	Nellie Virgin	ia Griff	in			April	12	1992	12:40 P M
			(In yrs. last birthday)	IF UNDER I YEA	IF UNDER 24 HRS.	7. DATE OF E	MRTH		BIRTHPLACE (State or Foreign
	217-01-5262	□ M 2 1X F 86	YRS.	MONTHS DAY	B HOURS MIN.	8-27-	y Year)		Maryland
	9s. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOW	N OR LOCATION OF D		T 703	9c. COUNTY	
TOR	Franklin Square Ho	spital		Rossv	ille			Baltim	nore County
Ä	10a. STATE 10b. COUNTY		10c. Cf	TY, TOWN OR LO	CATION				10d. INSIDE CITY
ā	Maryland		l Ba	altimor	е				1 X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 5503 Anthony Ave.				10f. ZIP CODE 21206			U.S.A	OF WHAT COUNTRY?
	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER II FORCES? 1 YES	2 X NO	If yea	ECENDENT OF HISPA specify Cuben, Mexic	an, Puerto Ricar	pecify Yes (	or No — 14.	RACE — American Indian, Black, White, etc.
B⊀	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	10	ES 2 NO Speci	ty:		h	Specify: Ihite
8	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION models of	18a. DECEDENT	S USUAL OCCUP	ATION	16b. KIN	D OF BUSI	INESS/INDUST	
ш		College (1-4 or 5+)	life. Do NOT	work done during use retired.)	most of working				
AP.	10 Yrs.		Seamst	ress					
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle	e, Maiden S	iumame)	
BE (	2	Unknow	m			l	Inkno	wn	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stre	et and Number or Rural	Route Number, C	ity or Town,	, State, Zip Coc	10)
-	Anna M. Soper		3E	Camero	n Ct., Ba	lto., M	ld. 2	1236	
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remova		D. PLACE AND DATE						or Town, State
	4 Donation 8 Other (Specify)		Gardens of	Faith Co	metery 4-	-15–92	Rose	edale, M	√d
	21. SIGNATURE OF FUNERAL SERVICE LICENS ROV H. Cather	SEE		22. NAME	AND ADDRESS OF F	ACILITY			
	Roy H. Cather Roy H. Cat	her		Leona	rd J. Ruck.	Inc., 5305	Harf	ord Rd.	,Balto.,Md.21214
	23. PART I. Enter the diseases, or con	nplications thet cause	d the death. Do						
	shock, or heart fallure. Lis IMMEDIATE CAUSE (Finel	t only one cause on a	ach line.						Interval Between Onset and Death
	disease or condition	Massive Her	nontycic						
		DUE TO (OR AS A	CONSEQUENCE (	)E)·				-0	1
z		Severe DUE TO (OR AS A Hypa-Vale	berond	ntis /6	Kosiav.	tune	9K -	actus	1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):	0 0.	etis	ofy	unck	nam
3	CAUSE (Disease or injury	Hypa-Vale	mic 1	levol:	swure !	Endis	cont	ailur	2
E	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE	OF):	1	0 (00 -	1		
ER	d					·			
	PART II. Other algnificant conditions of	contributing to deeth b	out not resulting	In the underly	ring cause given in	Part I. 24e	. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL							PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
60						10	YES 2	□ NO	OF DEATH?
Σ.									1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	hack only one)			
PHYSICIAN:		IOSPITAL:	nationt 3 DOA	OTHER:	oma 5 🗆 Rasidenca		/6-1		
H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. Til	WE OF 28c.	INJURY AT			JURY OCCURE	ED
	1 Natural 5 Pending	(Month, Day, Year)	l IN	JURY M 1 [	WORK?				
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, farm,	street, factory, o	Hice	28f. LOCATIO	N (Street an	nd Number or F	Rural Route Number,
TED	4 Homicide detarmined	building, atc. (Spec	ciry)			City or To	wn, State)		MARKET 1. C.
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	riedge death occur	red at the time of	ste and place, and du	to the councie	and make	and the state of	
ME	and a								use(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	4.0							
BE	1/1/1/10	Wellen	•		29c. LICENSE NU	875	41	29d. DATE SIC	GNED (Month) Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) /5m	e Printi		_ / _	/	- 4	112/14
		D., 1107 No	orth Poi	nt Blvd	., Balto.	, Md. 2	21224		
	Malika Waseem, M.  31. DATE FILED (Morrith, Day, Year)  APR 14 1992	32 MEGISTRAT'S SIGN	ATURE Pande	<b>L</b>					

Bay to the

- JA 01615 A

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlanched filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OR FATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) Roland W		lloway		11 4	MY YEAR 92	
4. SOCIAL SECUR 9512 212 30 <del>0512</del>	1 🔯 M 2 🗆 F	58 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) 11/27/19:	33 8. BIF	THPLACE (State or Foreign ritry) [aryland
90. FACILITY NAME (If not institution, give st St. Agnes Hosp RESIDENCE OF DECEDENT			ary, town or Location of Baltimore Cit		9c. COUNTY OF	DEATH
10e. STATE 10b. COUNTY		10c. CITY, TOW Balt	N OR LOCATION			10d. INSIDE CITY LIMITS? 1  YES 2 NO
10a. STREET AND NUMBER		20020	10f. ZIP CODE			WHAT COUNTRY?
1117 Pine Heigh  11. MARITAL STATUS  1 Nover Married 2 Married  3 Widowed 4 Divorced	ts Avenue  12. was decedent ever forces? 1 X yes if yes, give war or Korean Co.	3 2 NO	21229  13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1  YES 2  NO Specific Cuban, Maxi 1  YES 2  NO Specific Cuban, Maxi 1  YES 2  NO Specific Cuban, Maxi 1  NO Specific Cuban	can, Puarto Rican, etc.)	BI	CE — American Indian, ack, Whita, etc.
15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USUA	ne during most of working d.)	16b. KIND OF BU	ISINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	lifton W. G		18. MOTHER'S	AME (First, Middle, Malden ah E. Neigl		
19a. INFORMANT'S NAME (Type/Print) Richard Galloway			ess (Street and Number or Rural and Hill Road		vn, State, Zip Code) Marylan	d 21144
20a. METHOD OF DISPOSITION 1   ☐ Burlel 2 □ Cremation 3 □ Rame 4 □ Donation 5 □ Other (Specify)	oval from State	Ob. PLACE AND DATE OF DISC pretery, cremetory or other placed ar Hill C	POSITION (Name of CO)	4/15 Ba1	cation - city or timore,	•
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF GEORGE J. GO 4001 Ritchie	nce Funera	1 Home F	.A.
23. PAÑT I. Enter the diseases, of a shock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. SEPS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Failure.  A CONSEQUENCE OF):	on the mood of syring, as	or as caldred or reep		Approximeta Interval Betwee Onset and Dea  6 day:  1-2 wk.  1-2 wk.  6 days
PART II. Other significent condition		but not resulting in the	underlying ceuse given i			6b. WERE AUTOPSY FINDING
Inflammate	ory Bowel J	Dx		PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		28, PLACE OF DEATH (CIER; Nursing Home 5   Residence			
27. MANNER OF DEATH  1 Anstural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY	26c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW		
3 Suicide 6 Could not be determined	building, atc. (Sp			26f. LOCATION (Street City or Town, State)	)	I Route Number,
(Check only CERTIFYING PHYSIC			ne time, date end piece, and do ny opinion, death occured at tr			e(e) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	710	EATH (ITEM 27) (Time Print)	29c. LICENSE N	UMBER	29d. DATE SIGNI	ED (Month, Day, Year)
O)		and the and any tripo, rinky				



6 to

## FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAL

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. I							
1. DECEDENT'S NAME (First, Middle, L					2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATN					
COREY	W.		GASK1	1		08 19	92 8:21 A.					
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	AGE (In yrs. lest birthday)  YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Modin, Day, Year,	92	BIRTHPLACE (State or Foreign					
9a. FACILITY NAME (If not institution, g ST. AGNES HOSPITA				OR LOCATION OF O	EATN	9c. COUNT	Y OF DEATN					
RESIDENCE OF DECEDENT												
Them lend	INTY	18e. CI	Sp/ T	non (non)			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
10s. STHEET AND NUMBER	to 1	K 57	101	2. ZIP CODE		10g. CITIZE	en of WHAT-COUNTER					
11. MARITAL STATUS	12. WAS DECEOEN	IT EVER IN U.S. ARMSO	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify	Yes or No.— 1	4. RACE — American Indian,					
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	If yes, sp	2 NO Specif	an, Puerlo Rican, etc.)		Black, White, etc.					
15. DECEDENT'S I (Specify only highest g	DUCATION ade completed)	(Give kind of	USUAL OCCUPATION	ON ast of working	16b. KINO OF	BUSINESS/INDU	STRY					
Elementary/Secondary (0-12)	College (1-4 or 5	AME THE MOT L	404	at or working								
17. PATHER'S NAME (First, Middle, Last)	1 . V.	10	0	18. MOTHER'S N	ME (First, Middle, Maid	ien Sumame)						
(199, INFORMANT'S NAME (Type/Print)	-ASK11	75 SK	1	LATO	MUA		ence					
m's LATon	IA 500	nce 920	ADDRESS (Street	and Number or Rurel	Aoute Number, City or	Gown, State, Zip C	md. 21217					
20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 F  4 Donation 8 Other (Specify)	amoval from State	20b. PLACE AND DATE	OF DISPOSITION IN	good Pan	OATE 20c.	LOCATION CH	ry or Marn, State					
21 SHEMATURE OF FUNERAL SERVICE	LICENSEE	100 Cosek	22. NAME A	D ADDRESS OF F	COLUTY C	NAPri	al Home					
Joseph	J. Re	MS	722	2W.N	oth An	Le. Bri	14. md.2121					
23. PANT I. Enter the diseases, shock, or heart fallu	or complications the	it caused the death. Do	not enter the mo	de of dying, suc	ch as cardiac or re-	apiratory arres	Approximate					
IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cor	igenital l	teart	Diseas	se		Onset and Deal					
	DUE TO	AS A CONSEQUENCE O	P);									
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING												
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  OUE TO (OR AS A CONSEQUENCE OF):												
resulting in death) LAST	d											
PART II. Other aignificant conditions	iona contributing to	deeth but not resulting	in the underlying	cause given in	Part i. 24a, WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS					
						2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
							1   YES 2   NO					
25. WAS CASE REFERRED TO MEDICAL												
EXAMINER?	HOSPITAL:	ER/Outpetlent 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch								
27. MANNER OF DEATH	28e. DATE OF	INJURY 28b. TIN	E OF 28c. INJ		6 ☐ Other (Specify)  28d. OESCRIBE HON	V INJURY OCCU	RED					
1 Natural 5 Pending 2 Accident Investigation	(Month, D	ey, Year) IN.		RK? 'ES 2 NO								
3 Suicide 8 Could not determined	28e, PLACE O	F INJURY — At home, farm, etc. (Specify)	street, factory, office	1	281. LOCATION (Stree City or Town, Sta		Rural Route Number,					
29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the heat of	my knowledge, death occurr	ad at the time, data									
(Check only one) 2 MEDICAL EXAM	INER: On the besis of a	xamination and/or investigation	on, in my opinion, de	eath occured at the	time, data and place,	and due to the	:ause(s) and manner as stated.					
29b. SIGNATURE AND TITLE DF CERTI				29c. LICENSE NUI			IIGNEO (Month, Day, Year)					
Jennis 30. NAME AND ADDRESS OF PERSON	L. Chute	MAN OF DEATH (ITEM 2D (I	24-0	0.C.		<b>N</b>	09-1992					
				STREET	BALTIMOR	E MARYI	AND 21201					
31. DATE FILED MONTH, Pay Man 99	32 HENSTH	AS SIGNATURE										

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BALTIMORE, MARYLAND 21215-0020

3	17.	19-	17. 19. 20. 4. 21.	jik di re	Si If ci Ci Ci th rai	P/	27.	29	291	30.
TED BY	TO BE COMPLETED BY	5	PE.		L CERTIFICATION	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TED BY PHYSICI	OMPLET	D BE	ĭ
	d at once.	notifie	aminer must be	vent, the medical ex	or other traumatic e	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	28 is marked, or item	NT: If item	MPORTA	
use as the bu	id be detached for	5 shou	uneral director, page	npletely filled in by the f cremation, or removal.	nding physician and con Hygiene prior to burial,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TOR: After this certificate after death with the State	INERAL DIRECTHIN 72 hours	TO THE FL.	11
r attending ph	d by the hospital o	retaine	eath. Page 6 may be	within 24 hours after d	n certificate be executed	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TTENDING PHYSICIAN: Th	DSPITAL OR A	TO THE H	

	1 - STATE REGISTRAR		CE	RTIF	ICATE		DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lust) NATHAN		REVICH					MON	e of DEATH	DAY 1	992 3	TIME OF DEATH  10:57 P M
	4. SOCIAL SECURITY NUMBER 285-40-0974	5. SEX XX M 2 - F	8. AGE (In yrs. less		IF UNDER 1 1		IF UNDER 24 HRS.	7 DAT	E OF BIRTH	1946	8. BIRTHPL Country)	ington, D. (
OR	90. FACILITY NAME (If not institution, give Holy Cross Hos)	street and number)	10				LOCATION OF r Spri	DEATH	, 20,		itgome	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN				Y, TOWN OR						1	0d. INSIDE CITY
	Maryland Mo	ontgomery		3.	ilver						1	NES 2   NO
FUNERAL	8607 Mayfair Pla						0910				. S. A	AT COUNTRY?
à	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. ARI I YES 2 N MAR OR DATES		lf y	es, speci	DENT OF HISP ty Cuben, Mexi NO Spec	can, Puert	ilN? (Specify Yo Ricen, etc.)	e or No-	14. RACE - Black, V Specty:	- American Indian, White, atc.
	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)			USUAL OCCI		of working	.10	Sb. KIND OF BI	JSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 2 Years	+) life.	Do NOT u	ter Pr				Vit	ro Co	rpora	tion
E CO	17. FATHER'S NAME (First, Middle, Last) HENRY JACOB GWG	vich					Eva			n Surname)		
00	19e. INFORMANT'S NAME (Type/Print)	20.001	198	. MAJLING	ADDRESS (S	Street end	Number or Rura		_	wn. State. Zi	in Code)	
2	Maury M. Silver	nan										and 20910
	20e. METHOD OF DISPOSITION  X Burlel 2 Cremetion 3 Ref  4 Donation 6 Other (Specify)	noval from State	20b. PLACE A cemetary, crei	matory or o	ther place!			1	TE 20c. L			Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- I Mount	1 LE	22. NA	ME AND	ADDRESS OF	FACILITY				
	Donald (	Sta	ttemy	es	STE 232	IN F	IEBREW ROLL S	MEMO TREE	RIAL F T, N.W	UNERA ., WAS	AL HOM SHINGT	E. Inc. ON,D.C.
	23. PART I. Enter the diseases, pr shock, or heart fellure	complications the	it caused the de-	ath. Do i	not enter th	e mode	of dying, su	ch ss ce	rdiec or res	piratory er	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition						- 01					Onset end Deeth
1 1	resulting in death)	a. ADULT	RESPIRA (OR AS A CONSEC	TOR	Y DIST	res	s syu	DROF	1E			5 DAYS
NO	Sequentially list conditions, b. ACUTE MYELOMONOCYTIC LEUKEMIA										2 WEEKS	
SATI	Sequentieiry last conditions, If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):											
点	resulting in death) LAST	d										
	PART ii. Other aignificant condition	na contributing to	deeth but not re	eaulting	in tha unde	rlying o	ause given i	n Pert i.	24a. WAS A			ERE AUTOPSY FINDINGS
DICAL	DEPRESSION								1 TYES	RMED?	0	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME										•		YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL											
Sici	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3		OTHER:		E OF DEATH (C					
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIM	E OF 26	ic. INJUR	5 Residence Y AT	-	er (Specify)	INJURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, E				M 1 YES 2 NO						
TEO	3 Suicide 6 Could not be 4 Homicide determined	building,	OF INJURY — At hor etc. (Specify)	me, lerm,	Mreat, lectory	, office		261. LC	CATION (Street y or Town, State	and Numbe	er or Rural Rou	te Number,
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	SICIAN: To the bast of ER: On the basic of e	my knowledge, der examination end/or in	eth occum	n, in my opin	, date en	d place, end du	ue to the c	ause(e) end mi le end place, e	nner ee sta	ited. he ceuse(e) e	nd menner es stated.
88	296. SIGNATURE AND TITLE OF CERTIFIE LLEVA f.	Shaper 1	40			2	9c. LICENSE N			29d. DAT	FE SIGNED (M	Ionth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITEN								-7-7-	
	DEENA J. SHAPIRO 31. DATE FILED (Month, Day, Year)		CONNEC	IIICU	1 AVE		ENSING	TON	HD	2080	15	
	ADD 1 4 1002		-handele									

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director,		or mus
funeral	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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After	death	mai
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BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

2

IMPORTANT: If Item

4 Homicide

TO BE COMPLETED BY FUNERAL DIRECTOR

Items 23 Part FOR STATE REGISTRAR	I,27,28a, STATE OF	b,c,d MARYLAI	ND / DEPAR	RTMENT (	OF H	G-686, 4/ HEALTH AND	/17/9 <b>Menta</b>	L HYGIEN	E	2	10329
1. DECEDENT'S NAME (First, Middle, Las	st)		CEITTI	ICAIL	<u>Ui</u>	DEATH	2. DATE	REG. NO.			3. TIME OF DEATH
HARDWICK	(NMN)		HUN	TTER,	Jr		04 MONT	H 03°	w 9	2YEAR	8:18 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
366 62 3018	1 🖟 M 2 🗌 F	36	YRS.	MONTHS D	BYAC	HOURS MIN.	1-1	n, Day, Year) 17–1956	5	Country	chigar
90. FACILITY NAME (If not institution, give UNION MEMORIAL				96. CITY, TO BALTI		OR LOCATION OF DE	EATH		9c. COU	NA	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	NTY		I see CIT	Y, TOWN OR I	OCA	TION					
Maryland	na		100. 011	Balt:							10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER						f. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
2442 N. Calver	rt street									USA	The Court in
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? IF YES, GIVE WAY ARMY	1 YES	2 NO	If y	es, sp	CENDENT OF HISPAI pecify Cuban, Mexico 3 2 NO Specif	en, Puerto	N? (Specify Yes Rican, atc.)		14. BACE	E — American Indian, k, White, etc.
15. DECEDENT'S Et (Specify only highest gra		10	8e. DECEDENT'S	USUAL OCCU	JPATH	ON not of working	168	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ille. Do NOT us	se retired.)	ing iin	Al Of Working					
17. FATHER'S NAME (First, Middle, Last) HaRWICK Hunte	er					18. MOTHER'S NA Annie S			Sumame)		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	troet s	and Number or Rural	Route Num	ber, City or Town	n, State, Zip	Code)	
20e. METHOD OF DISPOSITION 1   Burlel 2   Cremation 3   Re 4   Donation 5   Other (Specify)	in state	cemete	LACE AND DATE ( Bry, crematory or o	other place)			DAT		CATION —		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE Rona	ld Wad	de,Dir	22. NA	ME A	ND ADDRESS OF FA	ICILITY S	ጥልጥቱ ል	N' Z T'CA	MV DC	ממאר
Jamuel /20	Wall	4/14	4/92	655	5W.	.Baltimor	reSt,	Balto.	, MD	2120	1
23 PART I. Enter the disease, o shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	Narcot:	ic and	h ilna.	ne int		oda of dying, auc	h aa can	diec or reapi	ratory arr	est,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b		ONSEQUENCE OF								
that initiated events resulting in death) LAST	DUE 10	(OR AS A CO	ONSEQUENCE OF	F):							
PART II. Other eignificant condition	one contributing to	death but	not resulting	In the unde	riyin	g causa givan in	Part I.	24a, WAS AN PERFOR		24b,	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

DF DEATH? TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) TYNES 2 - NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 4/3/92 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation unknowm 1 YES 2 NO unknown 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify)
Home 281. LOCATION (Street and Number or Flural Poule Number, City or Town, State) 2442 N. Calver Balto., MD St.

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as stated.

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 04/04/92

O.C.M.E.

Whight MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONALD 111 PENN STREET, BALTIMORE, MARYLAND 21201 G. WRIGHT MO

Deme APR 14 1992

32. REGISTRAR'S SIGNATURE



Marketter Carlotte State 1 201

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the host	TO THE FINNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the control of the control of the detached of the control of	be ned within 72 hours are death with the State Dept. Of health and wental hyders prior to bunal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	A AT	RECT	be ned within 72 hours after death with the State Dept. or realth and Menta Inviteing phor to bunal, cremation, or removal, IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exis
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	1 - FOR STATE REGISTRAR	STATE OF !	MARYLAND A	DEPAR ERTIF	RTMENT	T OF H	IEALTH DE A	AND I	MENTAL HYGIEI	NE	2	10330
	1. DECEOENT'S NAME (First, Middle, Last) Amy		Hipple						2. DATE OF DEATH	DAY	YEAR 92	3. TIME OF DEATH 3:30 A
	4. SOCIAL SECURITY NUMBER 182-20-3293	5. SEX 1  M 2  F	6. AGE (In yrs. Ia: 73	st birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) 10-1-18			HPLACE (State or Foreign
OR	94. FACILITY NAME (If not institution, give s 7435 Tempest Ct	treet and number)	D			OSed		ION OF DE		9c. COL	INTY OF C ltim	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Baltim	ore	10c. CIT	Y, TOWN O	eda1						10d. INSIDE CITY LIMITS?
FUNERAL (	10. STREET AND NUMBER 7435 Tempest Ct	. Apt. 2	D	1	100	-	. ZIP COD	21	237		USA	1 TES 2 (NO
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 V			It yes, sp	ecify_Cubi	OF HISPAN In, Mexica Specify	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)		14. RACI Blac	E American Indian, k, White, atc. #/y: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(G	ECEOENT'S live kind of Do NOT u	usual or work done retired.)	during mo	st of worki	ng	16b. KIND OF BU	SINESS/INI	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Lenst) Bruce W. Patters	on					18. MOT	her's na	ME (First, Middle, Maider R. Potts	Sumame)		
TO B	Peggy Manning		19	b. MAILING 203 I	ADORESS O'COTON	(Street a	nd Number	or Aural F Balt	Poute Number, City or Tov CIMORE, MD	vn. State, Ziji 21 Z	37	
	20a. METHOD OF DISPOSITION 1		20b. PLACE.	AND DATE	ther place emat	ory		_	-14-92 C		svill	Le, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	8. 10	lly			12	11 C	hesa	dale Fune co Ave.			
CERTIFICATION	23. PART I. Enter the diseases, or o shock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. OUE TO OUE TO	se on each line	DUENCE OF	<u>h</u> INOI Fi:		de of dy	ing, suci	h as cardlec or resp	fratory sn	rest,	Approximate interval Between Onset and Death  Un Snown
MEDICAL	PART II. Other significent condition	s contributing to	deeth but not r	eculting	in the un	derlying	ceuse (	given in	Part I. 24e. WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER	t:		-	ck only one)			
	27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 C	INJURY	28b. TIM	7	28c. INJU	JRY AT		8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED	
ETED BY	2 Accident Investigation 3 Suicide S Could not be datermined	28e. PLACE Of building,	F INJURY — At heate. (Specify)	me, term, s	street, lecto				281. LOCATION (Street City or Town, State)	and Number	or Rural R	loute Number,
COMPLE	298. CERTIFIER (Check only one)  1 CERTIFYINO PHYSIC DESCRIPTION OF PHYSIC DESCRIPTION O	CIAN: To the best of R: On the basis of as	my knowledge, de		et ene ti	me, data : pinion, de	and place,	and dua	to the cause(s) and me	mer as stat	ed.	) and manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER		1 In	Kra	9			NSE NUM				(Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO	Pokn	WCA.	27) (Type,	Print) Y E	7.	Jo	DRA	RD B	A)te	> XA	d. 21234
	APR 14 1992	32. REGISTRA	SIGNATURE	82								



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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE	T DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, MASS's Journ')  TRENE ELIZABE'.	TH INGLE	Y		2. DATE OF DEATH	Ž- 9"	3. TIME OF DEATH
		(In yrs. last birthday) 81 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 7/7/1910	C	HRTNPLACE (State or Foreign country) Shington, D.C.
	9a. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY (				
R	Jenkins Memorial Nursing	Home	Balt	imore	City		
5	RESIDENCE OF DECEDENT						
DIRECTOR	Maryland 106. COUNTY ====================================		.city, town or location Baltimore			10d. INSIDE CITY LIMITS?  1 7 YES 2	
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	1000 S. Caton Avenue			21229		U.S.	Α.
Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 1 F YES, GIVE WAR OR	S 2 X NO	If yes	DECENDENT OF NISPA , specify Cuban, Mexic YES 2 1 NO Spec			RACE — American Indien, Black, White, etc. Specify:
ВУ	3 🕅 Wildowed 4 🗌 Divorced						White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S		ATION most of working	16b. KIND OF BU	SINESS/INDUST	RY
	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT us	se retired.)				
MP		Recept	ionist		Bon S	ecour H	Mospital Mospital
Ö	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S N	AME (First, Middle, Maider	Surname)	
BEC	Richard Gro	ver McKa	y	Ada	Victoria		
	19e, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (St	set end Number or Rura	Route Number, City or Tox	vn, State, Zip Cod	(e)
2	Gerald Ingley	19 E	Brighto	n Terrace	Gaithers	burg, M	Maryland 20877
	20a. METNOD OF DISPOSITION 2	0b. PLACE OF DISPO		f cemetery, cremetory or		OCATION — City	
	1 X Buriel 2 □ Cremetion 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify)	other place)	n Memo	rial Park			e, Maryland
	21. SIGNATIME OF FUNERAL SERVICE LICENSEE	Sien nave	22. NAM	E ANO ADORESS OF F	ACILITY		
	Honna Mirany	rousk			nce Funera Hwy. Balt		
	23. PART I. Enter the diseases, or complications that cause shock, or heart fellius. Use only one cause on IMMEDIATE CAUSE (Finel	ed the death. Do eech line.	not enter the	mode of dying, au	ch as cerdlec or reep	piretory arrest,	Approximata interval Between Onset and Desth
	disease or condition a. ARTCR.	105CLERE	PICC	ARRO-VAS	cular prs	case	10715
	PAD	Linas Sign	15 D	15cose	-		11
CERTIFICATION	disease or condition a. ARTCRIOSCLEROTIC CARRIO VASCULAR DISEASE 10718  DUE TO (OR AS A CONSEQUENCE OF):  PARHINSONS DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						
AT	If sny, leading to immediate cause. Enter UNDERLYING						
FI	CAUSE (Disesse or Injury thet Initiated events DUE TO (OR AS	A CONSEQUENCE O	F):				
E	resulting in death) LAST						ļ
S	d						
A	PART II. Other significent conditions contributing to death	but not resulting	in the under	lying ceuse given i	Part I. 24e. WAS A	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL					1 _ YES		COMPLETION DF CAUSE OF DEATH?
						2	1 YES 2 NO
-							
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL		2	6. PLACE OF DEATN (C	heck only one)		
Sic	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/O	stantiant 3 - DOA	OTHER:				
¥	27. MANNER OF DEATN 28s. DATE OF INJUR		-	Nome 8 Residence	28d, DESCRIBE NOW	IN ILIEV OCCUE	ED.
BY PI	1 Netural 8 Pending (Month, Day Year 2 Accident Investigation	in.	JURY	WORK?	284. DESCRIBE NOW	MOONT OCCOM	
8		RY — At home, farm, pecify)	street, factory,	offica	28f. LOCATION (Street City or Town, State		Bural Route Number,
1 1	29a. CERTIFIER //Chack only 1 CERTIFYING PNYSICIAN: To the best of my kind	rwledge death necur	and at the time	date and place, and de	e to the reuse(s) and m	anner se stated	
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examinar						ouse(a) and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N			GNED (Month, Day, Year)
BE	John F Hartman	, 17.0		DO-3	5403 MD	1 4	4-12-92
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type	A Print)	TAL ADT	5403 MO 5 BLOG 1	2 ALTA	218/
	31. DATE FILEO (Mognit, Dey, Your) 32. REGISTRAR'S SHAPR 14 1992 Silving Davidson	GNATURE CONTRACTOR	, rech	414 MKI	3 /3200- /	0/74//	ier 4 MD
	HTK 14 1336 guine Davidson	-Academ					



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1 - FOR STATE REGISTRAR

			М		OHNSTON		2. DATE OF DEATH	9 9 2 an	3. TIME OF DEATH 4:30 PM
P		4. SOCIAL SECURITY NUMBER 215 16 4689	1 □ M 2 💢 F	(In yrs. last birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/9/1911	l Ma	aryland
1, 2, 3 should	ECTOR	NORTH ARUNDEL HORESIDENCE OF DECEDENT	· ·	CIATION		BURNIE	EATH	A . A	. COUNTY
nit. Pages 1	E I	-	ne Arundel		y, town on Loca Isadena	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
an. ransit pern	NERAL	388 Riverside 1				21122		U.S.A.	WHAT COUNTRY?
ending physician. as the burial-transit permit. Pages	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR	2 X NO	If yes, sp		HIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	s or No— 14. RAC Blac Spec	E - American Indian, ck, White, etc. chy: White
E 8	E COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 12th Grade	JCATION e completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of v. life. Do NOT us HOUSEW	USUAL OCCUPATION of done during more retired.)	ON ost of working	Home N	SINESS/INDUSTRY	
by the hospital or be detached for u at once.		17. FATHER'S NAME (First, Middle, Last)	Ceorge E. Ma		TILE		ME (First, Middle, Maiden nelmina Go	Sumame)	
5 should be notified at	TO B	19a. INFORMANT'S NAME (Type/Print)  Dorothy Jean Coo	ner				Poute Number, City or Town		3 21122
ector, page		20a. METHOD OF DISPOSITION  1 M Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	noval from State C6	ob. PLACE AND DATE of the state	OF DISPOSITION (No	ame of		CATION — City or T	own, State
and oearn. Fage 6 may be retained by by the funeral director, page 5 should be moval. Ical examiner must be notified at		21. SIGNATURE OF FUNERAL SERVICE LI		Allo	Georg	no address of far ge J. Gor	nce Funeral Hwy. Balti	1 Home P	. А.
beam certificate be executed within 44 nours after of attending physician and completely filled in by the intal Hyglene prior to burial, cremation, or removal. By or other traumatic event, the medical is	PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert fallure; iMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a.  DUE TO (OR AS	A CONSEQUENCE OF	and	long	yo pole	3.	Approximata interval Betwee Onset and Deat
heen signed by the of Health and Me shows any Inju		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL: 1 1 Input lent 2 ER/Out	lan a	26. PI	1	PERFOR	RMED?	N. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
TOR: After this after death with 28 is marke	ETED BY PH	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined	28e. PLACE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJUR building, atc. (Sp.	INJ	M 1	YES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
TO THE HOSPITAL OR A TO THE FUNERAL DIREC De filed within 72 hours IMPORTANT: If Nom	TO BE COMPLE	One) 3 MEDICAL EXAMINI 200 HIGHATURE AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF D	on and/or investigates	n, in my opinion, c	Seeth occured at the	time, date and place, en	29st. DATE SIGNED	-/-
		ST. DATE FILED (MONTH, Day, Year)  APR 14 1992	IREZ, M.D./78  32. REGISTRAR'S SIG	345 OAKWOO	DD ROAD/	GLEN BURI	NIE, MD. 2	1061	DHMN-18 Rev t
-			U	- Land					DHMH-1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 10332

mark-dated the training

BALTIMORE, MARYLAND 21215-0020	124 hours after death. Page 6 may be retained by the hospital or attending physiciah.  y filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Figure, or removal.	יייט יוויסטיטטן סיפוווווייטן ווויחסו ספ וויסטווויטח פו סוונים:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. For the within 72 hours after death with the State Depty of Health and Mental Hyghers prior to burial, permit of the model. The manual of the property of the property of the permit of the property of the permit of the physician and permit of the p	411000000000000000000000000000000000000

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	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	RTMENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.	7		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. T	IME OF DEATH
		NSON JR				4	7.0		EAR 2	м
	4. SOCIAL SECURITY HUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH , Day, Year)	8.	BIRTHPLAC	E (State or Foreign
	217-01-3378	1)(1)(4) 2   F   /	77 YRS.	MONTHS DAYS	HOURE MIN.		7-74		Md.	
-	9e. FACILITY NAME (If not institution, give str	reet end number)		9b. CITY, TOWN C	OR LOCATION OF		1-14	9c. COUNTY		
08	1001 Parkslev	Avenue		Balti	more			N/	Α.	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY							14/	A	
<u>E</u>				Y, TOWN OR LOCAT					10d.	INSIDE CITY LIMITS?
	Md	N/A	Ba	ltimore						YES 2 HO
FUNERAL				1	. ZIP CODE			10g. CITIZEN	OF WHAT	COUHTRY?
N	1001 Parksley	Avenue-	Baltimor		2122			U.	S.	Α.
	1 Never Married 2 Regried	12. WAS DECEDENT EVI FORCES? 1 7	ES 2 100	If yee, spi	ENDEHT OF HISPA ecify Cuban, Mexic	cen, Puerto R	? (Specify Yes of Ican, atc.)	r No- 14.	RACE - A Black, Whi	mericen Indian, He, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R OATES	1 TYES	2 XNO Spec	olfy*			Specify:	
	15. OECEDENT'S EDUC	ATION	18a, DECEDENT'S	USUAL OCCUPATIO	OM .	164	KIHO OF BUSI	1	Whit	e
E	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT us	work done during mos se retired.)	st of working	100.	KING OF BOSII	1E35/INDUS	INI	
릴	N/A	N/A	Cabl	02020	+	la!	+	~ TO 7		
COMPLETED	17. FATHER'S HAME (First, Middle, Last)	- NA	Labir	Opera	18. MOTHER'S H		ester		ectr	10
ш	Ernest E. Joh	inson Sr	•		Bessi					
8 0	19e. IHFORMAHT'S NAME (Type/Print)			ADDRESS (Street ar				State, Zip Co.	de)	
2	Mrs. Pearl T.	Johnson	100		lev Av					007
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Remove		20b. PLACE AND DATE	OF DISPOSITION (Ne		DATE		TIOH — City		tate
	4 Donation 8 Other (Specify)	val from State	Loudon	her place)	meterv	r //			to	
	21. SIGNATURE OF FUHERAL SERVICE LICE	ENSEE		22. HAME AH	ID ADDRESS OF F	ACILITY				
	G. Truman S	' a la cara la			Balti				Pik	e
	23. PART I. Enter the diseases, pr co		lead the death. Do d	Balt	imore.	Md	2122	9		
	ahock, or heert failura. L	Int - I	The mountain of t							Approximate
- 1		let Dnly one cause D	n sech line.	iot anter the mot	ua bi dyirig, su	on as carei	ao bi taapiia	tory arrest	'	Interval Batween
	IMMEDIATE CAUSE (Final	lat Dnly one cause D	n sech line.			cn as cardi	av bi taupita	tory arreat	,   	
	IMMEDIATE CAUSE (Final	lat Dnly one cause D	n sech line.			cn as cardi	- Di raapiia	tory arreat	'	Interval Batween
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACCUTE DUE TO (OR A	Myocard As a consequence of	ial Inf	arct.	on as care	ov bi taapiia	tory arreat	'     	Interval Batween
rion	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	Accute DUE TO (OR A	Myocard As a consequence of	ial Inf	arct.	on as cardi	ov bi taapiia	tory arreat	'	Interval Batween
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	ACCUTE DUE TO (OR A  HYPET 6  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  COntributing to deet  (Month, Day, Yes  28e. PLACE OF IHJUE (Month, Day, Yes  1AH: To the best of my kn  On the best of examins	Myocard  SA COHSCOUENCE OF  SA C	ial Inf  : S. C. V.  ::  : S. C. V.  ::  : S. C. V.  ::  : S. C. V.  : S. C. V	Cauae given in  ACE OF DEATH (C)  5 Gesidence  JRY AT  ES 2 NO  and place, end due  with occurred at the	heck only one,  6 Other  28d. DESC  28f. LOCAl City or  time, data a	24a. WAS AH AL PERFORMI 1 YES 2 (Specify) RIBE HOW IHJI FIOH (Street and Rown, State)	JRY OCCURI	24b. WERE AMAIL COMMON TO DE	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2  HO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MAHNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	ACCUTE DUE TO (OR A  HYPET 6  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  COntributing to deet  (Month, Day, Yes  28e. PLACE OF IHJUE (Month, Day, Yes  1AH: To the best of my kn  On the best of examins	Myocard  SA COHSCOUENCE OF  SA C	ial Inf  S. C. V.  S. C. V.  The second of the underlying of the u	Cause given in  ACE OF DEATH (CI  5 G Residence  JRY AT  RC?  2 D NO  and place, end dureth occurred at the  29c. LICEHSE HU	Part I.  heck only one,  G Other  28f. LOCAl City or  to the cause time, data a	24a. WAS AH AL PERFORM!  1 YES 2 (Specify)  RIBE HOW IHJ!  TIOH (Street and Rown, State)  e(e) and menne	JRY OCCURI	24b. WERE AMAIL COMMON TO DE	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2  HO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielty liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	ACCUTE DUE TO (OR A  HYPET 16  BUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  CONTRIBUTING TO GRA  CONTRIBUTING TO GRA  28a. DATE OF IHJU (Month, Day, Yea  28a. PLACE OF IHJU building, etc. (S)  IAH: To the best of my kn  COMPLETED CAUSE OF	MYOCARD  MYOCARD  MYOCARD  SA COHSCOUENCE OF  PAS A COHSCOUENCE OF  AS A COHSCOUENCE  AS A COHSCOUENCE  AS A COHSCOUENCE  AS A COHSCOUE	ial Inf  S. C. V.  S. C. V.  The second of the underlying of the u	Cause given in  ACE OF DEATH (CI  5 G Residence  JRY AT  RC?  2 D NO  and place, end dureth occurred at the  29c. LICEHSE HU	Part I.  heck only one,  G Other  28f. LOCAl City or  to the cause time, data a	24a. WAS AH AL PERFORMI 1 YES 2 (Specify) RIBE HOW IHJI FIOH (Street and Rown, State)	JRY OCCURI	24b. WERE AMAIL COMMON TO DE	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2  HO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	ACCUTE DUE TO (OR A  HYPET 6  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  COntributing to deet  (Month, Day, Yes  28e. PLACE OF IHJUE (Month, Day, Yes  1AH: To the best of my kn  On the best of examins	MYOCARD  MYOCARD  MYOCARD  SA COHSCOUENCE OF  PAS A COHSCOUENCE OF  AS A COHSCOUENCE  AS A COHSCOUENCE  AS A COHSCOUENCE  AS A COHSCOUE	The state of the s	Cause given in  ACE OF DEATH (CI  5 G Residence  JRY AT  RC?  2 D NO  and place, end dureth occurred at the  29c. LICEHSE HU	Part I.  heck only one,  G Other  28f. LOCAl City or  to the cause time, data a	24a. WAS AH AL PERFORM!  1 YES 2 (Specify)  RIBE HOW IHJ!  TIOH (Street and Rown, State)  e(e) and menne	JRY OCCURI	24b. WERE AMAIL COMMON TO DE	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2  HO

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	matic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

			ENT OF HEALTH AND		E	
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	, Jones		ATE OF DEATH	REG. NO.  2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-10-7472	5. SEX 6. AGE (In yrs		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BI	RTHPLACE (State or Foreign Junity)
90. FACILITY NAME (If not institution, give 5 8 4 PCCS	street and number) STMAN ST	96	BAITO C	EATH +	9c. COUNTY 0	F OEATH
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY .		DWN OR LOCATION BOLTO			10d. INSIDE CITY LIGHTS? 1 7 YES 2 NO
100. STREET AND NUMBER	MAN ST	1	101. ZIP COOE 2/2/7		10g. CITIZEN (	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	TNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 — YES 2 NO Specifi	en, Puerto Ricen, etc.)		IACE — American Indian, Black, White, etc.
15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	UCATION 16e completed)  College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)	16b, KIND OF BUS	SINESS/INDUSTR	NY .
17. FATHER'S NAME (First, Middle, Last)  WWKNOWN		School	TEACHER SIN	AME (First, Middle, Meiden	Surname)	
190. INFORMANT'S NAME (Type/Print) Myrtle JEAN	Huston	19b. MAILING AD	Preschaw		n, State, Zip Code	21217
20e_METHOD OF DISPOSITION    Mariel 2   Cremetion 3   Ren 4   Donation 6   Other (Specify)  21. SIONATURE OF FUNERAL SERVICE L	noval from State of ceme	etary, crematory or or C F b u T u S	POSPOSITION (Name other place)  Menocial Park  22. NAME AND ADDRESS OF FI	4-16-92 B	W. No	mounty, mi)
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final	complications that caused the List only one cause on each		antar tha moda of dying, aud	ch as cardiac or resp	iratory arrest,	Approximate
disease or condition resulting in death)	a. OUE TO (OR AS A CO	10				Interval Between
disease or condition	DUE TO (OR AS A CO	NSEQUENCE OF):	vascula dis	east		Interval Between
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF):			RMED?	Interval Betwee
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions of the condition	OUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  d.  Due to (OR AS A CO  d.  Due to (OR AS A CO	INSEQUENCE OF):  INSEQUENCE OF):  INSEQUENCE OF):  INSEQUENCE OF):	ha underlying cause given in 28. PLACE OF DEATH (C	1 Part I. 24s. WAS AN PERFO	RMED?	Interval Between Onset and Deat Onset and Deat 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions of the condition	DUE TO (OR AS A CO	INSEQUENCE OF): INSEQUENCE OF): INSEQUENCE OF): Inot resulting in t	28. PLACE OF DEATH (C THER: Nursing Home 5 Residence F 26. INJURY AT WORK?	1 Part I. 24a. WAS AN PERFOI 1 YES :	RMED? 2 NO	Interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onse
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions of the condition	OUE TO (OR AS A CO  DUE TO	INSEQUENCE OF): INSEQUENCE OF)	28. PLACE OF DEATH (C THER: Nursing Home 5 Residence F 26c. INJURY AT WORK? M 1 YES 2 NO	1 Part I. 24a. WAS AN PERFOI 1 YES :	NAMED?  INJURY OCCURE	Interval Betwee Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions and the conditions of the conditio	OUE TO (OR AS A CO  DUE TO	INSEQUENCE OF): INSEQUENCE OF)	26. PLACE OF DEATH CO THER: Nursing Home 5 Residence F WORK? M 1 YES 2 NO et, fectory, office	heck only one)  8 Other (Specify)  281. LOCATION (Street City or Town, State	INJURY OCCURE and Number or R	Interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Onset and Onset and Onset Onse
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions of the condition	OUE TO (OR AS A CO  DUE TO	INSEQUENCE OF): INSEQUENCE OF)	26. PLACE OF DEATH CO THER: Nursing Home 5 Residence F WORK? M 1 YES 2 NO et, fectory, office	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(s) and male time, data and place, as	INJURY OCCURE  and Number or Ri  nner as stated, and due to the car	Interval Betwee Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset On

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
de, Last)		2. DATE OF DEATH

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Lest) ANNIE		JOHNSON			2. DATE (	OF DEATH	YEAR 1992	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTN	8. BIRTI	NPLACE (State or Foreign
	212 94 1856	1 🗆 M 2 🖵 F	99 YRS.	MONTHS DAYS	HOURS MIN.	12	25 1892	Count	YLAND
	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN	OR LOCATION OF			COUNTY OF	
5	3127 BELMONT AVE	<i>!</i>		BALTIM	ORE				
EC	10a, STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION				Day Managara
DIRECTOR	MARYLAND			IMORE					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		DALI		f. ZIP CODE		100	CITIZEN OF	₩ YES 2 NO
ER/	3127 BELMONT AVE				1216			USA	
FUNERAL	11, MARITAL STATUS	12. WAS OECEDENT EV	VER IN U.S. ARMED	13. WAS DE	CENDENT OF NISP	ANIC ORIGIN	(Specify Yea or No		E — American Indian, k, White, etc.
BY	1 Never Merried 2 Merried 3- Widowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR			secify Cuban, Mexi-		can, atc.)	Spec	
ED E	A								. AMER.
COMPLETE	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPAT work done during m e retired.)	ON ost of working	16b.	KIND OF BUSINESS	S/INDUSTRY	
Š	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, M	iddle, Maiden Surnan	ne)	
BE	COLUMBUS DENNY	7			SARAH	JOHNS	ON		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street			r, City or Town, State	e, Zip Code)	
-	HELEN DENNY		3127 B	ELMONT	AVE. BAI	TIMOR	E, MARYL	AND 2	1216
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE Cometery, crematory or of	her plecel		DATE	20c. LOCATION	N — City or To	wn, State
	4 Donation 5 Other (Specify)		MT. ZION C	EMETERY		04+13-	92 BALT	IMORE	MARYLAND
	Tlour.	Mics		Estep	more. Ma	s Fun	d 21217		Eutaw Place
	23. PART I. Enter the diseases, or of abook, or heart fellure	omplications that ca	used the death. Do n	ot enter the m	ode of dying, au	ich as cardi	ec or reepiratory	arrest,	Approximate
	Interior Cause (Fine)								Interval Between Onset and Death
	disease or condition resulting in death)	de	ule huy	reurd	hal The	Tares	ain		12 kis
		DUE TO (OR	AS A CONSEQUENCE OF	): . ()	C 1/	D			101101
O	DUE TO (OD AS A CONSEQUENCE OF						154rs		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	. k	Ly pertin	sure C	V.D.				10 ms
Ĕ	CAUSE (Disease or Injury that Initiated events		AS A CONSEQUENCE OF						
FH	resulting in death) LAST	d							
	PART II. Other aignificent condition	e contributing to de	ith but not resulting i	n the underlyin	a sausa aluas li	- Post I			
SAL			an act not resulting in	in the dilderlyin	g causa given ii	ranti,	24a. WAS AN AUTOF PERFORMED?	SY 24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
							1 YES 2 NO	)	OMPLETION OF CAUSE OF GEATH?
2						-			1 YES 2 NO
<u> </u>	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF OEATH (C	heck only one			
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3 DOA	OTHER:	e 5 X Residence				
E	27. MANNER OF OEATH	28a. DATE OF INJU		OF 28c. IN.	URY AT	_	RIBE HOW INJURY	OCCUREO	
βÁ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be determined	26e. PLACE OF IN- building, etc.	JURY — At home, ferm, at (Specify)	treet, tectory, offic	4	28f. LOCAT	ION (Street and Nur Town, State)	mber or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINEI		knowledge, death occurre nation and/or investigation						) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Kleim	em hed		29c. LICENSE NU	MBER DU 90		DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO			Print)	C 10			1/1/	72
	NORMAN R	KLEIM	AN MIS	) -38	03 ED.	Mon	DSON 1	Hive.	BALTOMP 21229
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						
	APR 1 4 1992	Sellie Names	1-Randell						
		U	-						DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Г	4 6	COCOCUTIO MARKE	F1-4 441-4-41 1 11			
_		REGISTRAR			CERTIFICATE OF DEATH	REG. NO.
1		FOR STATE		STATE (	OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
		Itali zoc,	ber hin,			

_	REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)  RAYMOND  4. SOCIAL SECURITY NUMBER	TODD		JOHNS		04 08	92 YE	3. TIME OF DEATH 1:32 PM
	301-80-9867	S. SEX 6. AGI	E (in yrs. lest birthday)  24 YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUN. 9, 1	967 GE	BIRTHPLACE (State or Foreign Country) CORGIA
-	6e. FACILITY NAME (If not institution, give			96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH				
2	RESIDENCE OF DECEDENT	HOSPITAL		FT.MEADI	3		ANNE A	RUNDEL
DIMECTOR	MD • AN	NE ARUNDEL		SEVERN			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 📉 NO	
LONEHAL	100. STREET AND NUMBER 1724 SEVERN	ROAD		101. ZIP CODE 2 1 1 4 4			10g. CITIZEN OF WHAT COUNTRY?	
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEMENT EVER FORCES? YES	8 2 NO	If yes, spec	NDENT OF HISPAN offy Cuben, Mexican NO Specify.	C ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	e completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most		166. KIND OF BU	SINESS/INDUST	RY
MILE	12	College (1-4 or 5+)	ROOFI		TRACTOR		TRUCT	ION
	17. FATHER'S NAME (First, Middle, Lest) RAYMOND STEVE	EN JOHNS				NE (First, Middle, Melden ANN SAI		
2	19a. INFORMANT'S NAME (Type/Print) F.C.COBB FUNE	RAL CHAPEL				Oute Number, City or Tow GA. 3176		(•)
	20a. METHOD OF DISPOSITION 1	noval from State	Ob. PLACE AND DATE OF OTHER COSE HILI	DISPOSITION (Nam	ne of	DATE 20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		٨.	22. NAME AND HENRY	ADDRESS OF FAC	NKINS AN	ID SON	
	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE OF:					
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d.							
	PART II. Other aignificant condition	na contributing to death	but not reaulting in	the underlying	cauae given in F	Part i. 24a. WAS AN PERFOR	MED?	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (Chec	ck only one)		
	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 🌣 ◯XER/Out		OTHER:	5 - Residence 6	Other (Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	280. DATE OF INJURY (Month, Day, Year) 04/08/92	INJUI	M 1 X YE	K?	zed. OESCRIBE HOW II Ladder car Louch high	ried b power	y subject
	3 Suicide 6 Could not be determined	280. PLACE OF INJUR building, atc. (Spi ARMY BASE		eet, factory, office	,	281. LOCATION (Street a City or Yown, State) FT . MEADE	and Number or Re	ural Route Number,
		ICIAN: To the best of my know						use(s) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUM	BER	29d, DATE SIG	INEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF D			O.C.M.E		04/0	9/92
-	31. DATE FILED (Month: Day Year)			ut, DALIT	LYOKE, MAI	VITHIND STA	:OT	
	APR 14 1992	STATE OF THAT'S SIG	gandell					

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leath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		xaminer must be notified at once.
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1 - FOR STATE OF MARY REGISTRAR		IT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)  THERESA THELM	А КОСН		2. DAFE OF DEATH DAY	1992 1	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 8. AG 1 M 2 🔀 8.	F UND YRS. PRS. MONTHS	ER 1 YEAR IF UNDER 24 HIS	APR. 29, 19	Country)	E (State or Foreign
9a. FACILITY NAME (If not institution, give street and number)	9b, CI1	TY, TOWN OR LOCATION OF DE	And the second of the second of the second of the second	9c. COUNTY OF DEATH	
10000 F. OLD PROVIDENCE OF DECEMENT	CE ROAD	COCKEYSVI	LLE	BALTIMO	RE
10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d	. INSIDE CITY LIMITS?
MARYLAND BALTIMORE		COCKEYSVI			YES 2 X NO
10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF WHAT	
10000 F. OLD PROVIDENCE 11. MARITAL STATUS 12. WAS DECEDENT EVE		210		U.S.	Merican Indian.
11. MARIITAL STATUS  1. MARIITAL STATUS  1. WAS DECEDENT EVER FORCES? 1 YE  3 Widowed 4 Divorced		If yes, specify Cuban, Mexica 1 YES NO Specif	m, Puerto Rican, etc.)	Black, Wh Specify:	HITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL. (Give kind of work don	OCCUPATION e during most of working	186, KIND OF BUSIN	IESS/INDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+)					
17. FATHER'S NAME (First, Middle, Last)	NON		ME (First, Middle, Maiden Su	rname)	
PAUL KOCH			A FOHS	,	
19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRE	98 (Street and Number or Rural		Stets, Zip Code)	
GALLAGHER SERVICES	2520 PC	T SPRING R	OAD. TIMO	NIUM, MD.	21093
Minds of Connection of Dominal town Con-	tob. PLACE OF DISPOSITION ( other place)			TION — City or Town,	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNCHAL SERVICE LICENSEE	PARKWOOD CE	METERY 4/ 2. NAME AND ADDRESS OF FA	15/92 BAL	TIMORE,	ID. 2123
16/0 m/-10		IENRY W. JE	NKINS AND	SONS TIMORE, M	
if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or loury	S A CONSEQUENCE OF):  B A CONSEQUENCE OF):				
PART II. Other significant conditions contributing to death	th but not resulting in the	underlying cause given in	Part I. Sta. WAS AN AN PERFORM	EDT AM COL	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE RÉFERREO TO MEDICAL EXAMINER? HOSPITAL:	ОТН				
1		ureing Home 5 - Residence	8 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED	
1 NetGrel 5 Pending (Month, Day, Yea	injury M	WORK?	200. 02001102 11011 110	on occure	
a Constitution	IRY — At home, farm, street, fipecify)	actory, office	281. LOCATION (Street en- City or Town, State)	d Number or Rural Route	Number,
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINES: On the best of my killing one)					d menner as stated.
29h, SIGNATURE AND TITLE OF CERTIFIER		ZIN. LICENSE NU	MBER	29d. DATE SIGNED (Mo	ingh, Day, Year)
Charlest An lo	numel	2 Dag=	183	V4/12/	-6>
30. NAME AND ADDRESS OF PERSON WHO COMPLÉTED CAUSE OF	DEATH (ITEM 27 (Type, Print)	8 Nochet	Janes B	alto 2	1210
31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S S	gandelle				



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CERTIFICATION
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF I	HEALTH AND I	MENTAL HYGIEN	NE	- 10338
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Evelyn  4. SOCIAL SECURITY NUMBER	T T	Litwin		April 2		
	218-80-5775	10 M 2 D4 82	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-10	BIRTHPLACE (State or Foreign Country)  M. d.
OR	98. FACILITY NAME (If not institution, give at Maryland General	treet and number) Hospital	96. CITY, TOWN Bal	or Location of petimore Ci	ATH Ly	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	Y	10c, CITY, TOWN OR LOCAL	71041			
DIR	Md		BAL	Limore			10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	100. STREET AND NUMBER	oli belom	10	OH. ZIP CODE		10g. CITIZEN	I OF WHAT COUNTRY?
CN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARM		CENDENT OF HISPAN	NIC ORIGIN? (Specify Ya	- OC NO 14.	RACE — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	O If yes, sp	pecify Cuban, Maxican S 2 NO Specify:	n, Puerto Rican, etc.)	# OF NO 14.	Black, White, atc.
ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Giv	CEDENT'S USUAL OCCUPATION Religion of work done during months Do NOT use retired.)	ON ost of working	16b. KIND OF BU	ISINESS/INDUST	(RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	JO NOT USS TRAINED.,				
E COMPLET	17. FATHER'S NAME (First, Middle, Lost)			18. MOTHER'S NAM	ME (First, Middle, Maiden	i Surname)	
TO BE	THE INCOMMENT'S HAME PURPOS		MAILING ADDRESS (Street a	and Number or Rural R	Toute Number, City or Tov	vn, State, Zip Coc	de)
-	Total and the last of the last	enskip 11	8 P. HOWARd	St. B	A140, M	1 21	201
	1 (1) Buttle 2 Cremation 3 Remo		DDATE OF DISPOSITION (Na latory or other place)			ANS de	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES	22. NAME AF	ND ADDRESS OF FAC	SILITY (11)a (1	are 1	me, md Finited Source Med 21229
	Mauris mil	ellel	3405	W. Frau	celin st -	BANS	nul 21229
	23. PART I. Enter the diseases, or c shock of heart failure. I IMMEDIATE GAUSE (Finel disease or condition reaulting in death)	Sepsis	eth. Do not enter the mo	de of dying, such	i as cerdisc or reap	Iratory srreat,	Approximate Interval Between Onset and Death
7		oue to (or as a conseou Pneumonia	JENCE OF):				
100	Sequentially ilst conditiona, if any, leading to immediate	DUE TO (OR AS A CONSEQU	JENCE OF):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	. Pneumotharax					
RTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQU	JENCE OF):				
CER		1					
MEDICAL	PART II. Other algnificent conditions	B contributing to death but not res	sulting in the underlying	g ceuse given in P	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	-						1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						
SICI	EXAMINER?	HOSPITAL: 1 A Inpatient 2 D ER/Outpatient 3 D	OTHER:	LACE OF DEATH (Chec			
HYS	27. MANNER OF DEATH	28s. DATE OF INJURY	DOA 4 Nursing Home	Ne 5 Residence 6	8 Other (Specify) 28d. OESCRIBE HOW II	H HIDY OCCUPE	70
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 Y	PRK?	200. 00001	NJOHY GOGG	D
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, etc. (Specify)	e, farm, street, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or Re	ural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge, deatl	h occurred at the time, data vestigation, in my opinion, d	and place, and due to	io the cause(s) and mar	nner se stated,	use(s) and manner as stated
- 14	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB			GNED (Month, Day, Year)
TO BE	Tankson	lli n	D	n/a		<b>&gt;</b>	4/2/92
	30. NAME AND ADDRESS OF PERSON WHO Tarek Sa	COMPLETED CAUSE OF OEATH (ITEM :	27) (Type, Print) c/o ]	Maryalnd	General H	ospita]	
	31. DATE FILED (Month, Day, Year) APR 14 1992	32. REGISTRAR'S SIGNATURE	2				



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SALTIMORE, MARYLAND 21215-0020	r death. Page 6 may be retained by the hospital or attending physician.	1
_	att	5
A	100	P .

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 10 THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as if be filled with the State Dept. of Health and Mental Hygiene prior to burial, certified a home.  IMPORTABLE Heart 28 is marked or Heart 28 shows any failury or when their parameter events the market at smaller or heart and some
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	HEGISTHAR	CERTIFIC	ALE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  RVINE H. LCC  4. SOCIAL SECURITY NUMBER IS SEX	ATES		2. DATE OF DEATH DAY	S. TIME OF DEATH A
	216-14-0143 XXM 2□F	73 YRS.	FUNDER 1 YEAR IF UNDER 24 HMS.  ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vear) 4/18/1918	Maryland
TOR	9e. FACILITY NAME (If not institution, give street end number)  5 T	TAL "	TO V+SOH	ATH Sc. CO	ACTIMORE
E I	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland	Ba1	to.City,Md.	100-00	LIMITS?  1 XYES 2 NO  TIZEN OF WHAT COUNTRY?
NERA	411 Dennison St.		21229		USA
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 1 FORCES? 1 FYES, OIVE WAI	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexican 1 YES 2 NO Specify.	, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164. DECEDENT'S US	UAL OCCUPATION	166. KIND OF BUSINESS/IN	IDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 6th.Grade	ithe Do NOT use n	c done during most of working stired.)	Bosch Cle	eaners
O	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	NE (First, Middle, Malden Surneme)	
BE C	H <b>a</b> ward	LeCates	Grace	Catherine	Getties
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLINO AD	DRESS (Street end Number or Rural R		
F	Mr.Gary Blanchard	810 C	athedral St.H	Balto.Md.212	201
	20a. METHOD OF DISPOSITION  1  Burlel 2  Commenton 3 Removal from State  4  Donation 5 Other (Specify)	206. PLACE AND DATE OF I	DISPOSITION (Name of plece), matory, Inc. 4,	DATE 20c LOCATION -	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Incoro cre	22. NAME AND ADDRESS OF FAC		sville, Mu.
1	· James L. Ho	chuman	McCully Fur		Md.21230 30 E.Fort Ave
	23. PART LEnter the diseases, or complications that can be seen to	aueed the death. Do not	enter the mode of dying, such	se cardiac or respiratory a	rreal, Approximata interval Between
	IMMEDIATE CAUSE (Final				Onset and Death
	disease or condition a. CONC	ESTIVE	HEALLI	FAILL	IRE
_	D A I	AS A CONSEQUENCE OF):	iA		
9	Sequentially list conditions, if any, leading to immediate	R AS A CONSEQUENCE OF):	- 1-		
S	CAUSE (Disease pr Injury	DIDA	SEPSIS		E E
CERTIFICATION	that initiated eventa DUE TO (0 resulting in death) LAST	R AS'A CONSEQUENCE OF):			
	d.				
EDICAL	PART II. Other significant conditions contributing to de	eeth but not resulting in t	he underlying cause given in F	Part I. 24a. WAS AN AUTOPSY PERFORMED?	AVAILABLE PRIOR TO
ă				1 YES 2 NO	DF DEATH?
Σ				_	t 🗌 YES 2 🗌 NO
A N	25. WAS CASE REFERRED TO MEDICAL				
PHYSICIAN:	EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Che THER:	ck only one)	
₹			□ Nursing Home 5 □ Residence (		
BY Ph	27. MANNER OF DEATH  1 Netural 5 Pending  2 Accident Investigation	JURY 285. TIME O INJUR'		286. DESCRIBE HOW INJURY OF	CCURED
COMPLETED	3 Suicide 6 Could not be datermined 289. PLACE OF I building, etc.	NJURY — At home, farm, stra- c. (Specify)	et, lectory, office	28f. LOCATION (Street and Number City or Town, State)	or or Rural Route Number,
PLE	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my				
≥		ninetion englor investigation. I			
		O	29c. LICENSE NUM		TE SIGNED (Month, Day, Year)
TO BE COM	one) 2 MEDICAL EXAMINER: On the basic of exam	OF DEATH (ITEM 27) (Type, Pri	29c. LICENSE NUM D 24		
8	206. SIGNATURE AND TITLE OF CERTIFIER  (	OF DEATH (ITEM 27) (Type, Pri	29c. LICENSE NUM D 24		

CALLIMONE, MANICANO 21213-0020	1 24 Flours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DALLINOR, MANICAND SIZIS-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2	SOCIAL SECURITY NUMBER	/~ .			.111	ey,	.Tr	1	DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
2	SOCIAL SECONITY NUMBER	01-							4 -	8-	92	3:15
,	19-70-6919	NM 2 DF 3	AGE (In yrs. le	YRS.	MONTHS	DAYS	HOURS		Month, Dey, Ye	ar)	Country	yland yland
	Mercy Hospita				96. CIT	4	MO N		4D	9c. COU	NTY OF DE	
_	DESIDENCE OF DECEDENT	γ		100 00	TV TOWN	OR LOCA					7/	
	MD B:	altimore				timo						10d. INSIDE CITY LIMITS?
10	De. STREET AND NUMBER	aloimole		_	Dar	7	I. ZIP CODE			10a, CIT		1 TYES 2 THE
	1361 Kenton	Road				1 "	21234	1				S. A.
1	. MARITAL STATUS    Never Merried 2   Merried     Widowed 4   Divorced	12. WAS DECEDENT EV FORCES? 1 1	YES 2	RMED NO	13	If yes, sp	ENDENT OF	HISPANIC O	RIGIN? (Specifierto Ricen, etc	y Yea or No-	14. RACE	- American Indian White, etc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DE	ECEDENT'S	S USUAL (	OCCUPATION	ON		16b. KIND O	F BUSINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT L	use retired.	)	st of working					
_	12 years		-	UNE	MPLC	OYED						
17	FATNER'S NAME (First, Middle, Lest)									iden Sumame)		
40	John J. Lille  INFORMANT'S NAME (Type/Print)	ey, Sr.					Dori	s J	. Mul	1inix		
			19	b. MAILIN	G ADDRES	SS (Street a	and Number or	Rural Route	Number, City o	Town, State Zig	3 Code	PA
	John J. Lilley  METHOD OF DISPOSITION	, Sr.	F	Rout	e 3	<b>,</b> Во	x 413	Bro	odbec	ks Rd.	. G1	en Rock
1 4	X Ruriel 2 ☐ Cremation 3 ☐ Rem     ☐ Donation 5 ☐ Other (Specify)		cemetery, cre More I	and date	Mer place	nori	al_	4	/11 P	LOCATION — arkville		n, State
	· Cori L.	Ebai	ogh	,	١	John 8521	Lock	une	cal H	7 77 6		21204
IA d	3. PART I. Enter the diseases, or ahock, or heart feilure.  AMEDIATE CAUSE (Finel issaes or condition eaulting in death)	a. Livey  OUE TO (OR)	· Fa	du	Ca.	r the mo	de of dying	, auch aa	cardiac or r	espiratory are	reat,	Approximat interval Set Onset and I
if ci	equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury let initiated events autting in death) LAST	DUE TO (OR A				e H	tepa	ナバナ	. 1 5		_	
P	ART II. Other aignificent condition	a contributing to deel	th but not r	resulting	In the u	nderiying	g ceuse give	n in Part	I. 24a. WA	S AN AUTOPSY REORMED?		WERE AUTOPSY FINE
	4								1 [] YE	S 2 NO	(	COMPLETION OF CAI OF GEATH? I PES 2
25	WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DEAT	N (Check or	nly one)			
	1 VES 2 NO	HOSPITAL:	Outpetlant 3	□ 00A	OTHE		e 5 🗆 Reside	enca 8 🗆	Other (Specify)			
	MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	RY ar)	26b. Till JN.		26c. INJI WO		28d.		OW INJURY OCC	CUREO	
	3 Suicide 8 Could not be determined	28s. PLACE OF INJ building, atc. (	URY — At ho Specify)	me, farm,	street, fac	tory, office		281.	LOCATION (St. Cify or Town, S	reet and Number Itate)	or Rural Ro	ute Number,

COMPLETED CAUSE OF DEATH (ITEM 27 (Type, Print) ex MD 125 F 39. REGISTBAR'S SIGNATURE JUNIA DAVIDSON-RANDER

Versailles



31. DATE FILED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ROBERT MATHEWS	2. DATE OF DEATH DAY	92 1035 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.  5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month Day, Year) 9/18/38	8. BIRTHPLACE (State or Foreign Country)
TOR	96. FACILITY NAME (If not institution, give street and number)  LIBERTY MEDICAL CENTER  BALTIMORE  RESIDENCE OF DECEDENT		DUNTY OF DEATH
- DIRECTOR	MD 106. COUNTY 106. CITY, TOWN OR LOCATION BALTIMORE		10d. INSIDE CITY LIMITS? 1 [X] YES 2 [ NO
FUNERAL	100. STREET AND NUMBER 2571 MCCULLOH STREET 21217	10g. C	U.S.A.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Cuben, Mexice 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  10th  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  UNEMPLOYED	16b. KIND OF BUSINESS/H	NDUSTRY
BE COI	CHARLES H. MATTHEWS RUBY DO		
TO	196. INFORMANT'S NAME (Type/Print)  RUBY DAVIS  195. MAILING ADDRESS (Street end Number or Fluret F		
	20e METHOD OF DISPOSITION  1/ Wourlet 2 Cremetton 3 Removal from State  4 Donatton 5 Other (Specify) State  20b. PLACE AND DATE OF DISPOSITION (Name of Computer), cremetory, cremetory or other places. A CARDENS	DATE 20c. LOCATION -	City or Town, State K, MD
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FAM.  WM. C. MARCH F. H.	250	TH AVENUE
	23. PART I. Enter the diseases, or complications that paused the deeth. Do not enter the mode of dying, such shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  S. Hepalic Enturing Industry  Due to (or as a consequence or;)	h aa cardlec or respiratory a	Approximate Interval Between Onset end Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in	Part I. 24s, WAS AN AUTOPS	- 101 1101 101 01 1 11101100
4: MEDICAL		PERFORMED?	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 MODIFIED 1 PROPRIENT 2 FR/Output land 3 POO 1		
	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Dey. Yeer)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?	6 Other (Specify) 28d. DE\$CRIBE HOW INJURY OF	CCURED
red BY	2	281. LOCATION (Street end Numb City or Town, Stete)	er or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the description of the d	to the cause(s) end manner as st	sted,
腸	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUM  D. 40.3.		TE SIGNED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TErronu Khostgir , Liberty Medical Cantu.		11 417 -
	APR 14 1992 Gina Dandon Angeles		





TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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September 1

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With After 1 O THE HOSPITAL UN FAUL TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death

IMPORTANT: If

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BALTIMORE, MARYLAND 21215-0020	2	90	90
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68760,	ecuted within ¿	nd completely f burial, crematio	atic event, th
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OX 68760,	e be executed within 2	sician and completely forior to burial, cremation	traumatic event, th
. BOX 68760,	ficate be executed within a	physician and completely f ne prior to burial, cremation	her traumatic event, the
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P.O. BOX 68760,	ath certificate be executed within a	tending physician and completely family family family family family family cremation	or other traumatic event, th
S, P.O. BOX 68760,	death certificate be executed within a	e attending physician and completely f Aental Hygiene prior to burial, crematio	ury, or other traumatic event, th
IDS, P.O. BOX 68760,	the death certificate be executed within a	y the attending physician and completely for Mental Hygiene prior to burial, cremation	Injury, or other traumatic event, th
ORDS, P.O. BOX 68760,	that the death certificate be executed within a	ed by the attending physician and completely f h and Mental Hygiene prior to burial, crematio	any Injury, or other traumatic event, th
CORDS, P.O. BOX 68760,	ires that the death certificate be executed within a	signed by the attending physician and completely fleath and Mental Hygiene prior to burial, cremation	ws any Injury, or other traumatic event, the
RECORDS, P.O. BOX 68760,	equires that the death certificate be executed within a	en signed by the attending physician and completely for Health and Mental Hygiene prior to burial, cremation	hows any Injury, or other traumatic event, the
L RECORDS, P.O. BOX 68760,	aw requires that the death certificate be executed within a	s been signed by the attending physician and completely fight, of Health and Mental Hygiene prior to burial, cremation	3 shows any Injury, or other traumatic event, the
AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed within a	e has been signed by the attending physician and completely for Dept. of Health and Mental Hygiene prior to burial, cremation	m 23 shows any Injury, or other traumatic event, th
TAL RECORDS, P.O. BOX 68760,	N: The law requires that the death certificate be executed within a	feate has been signed by the attending physician and completely f State Dept. of Health and Mental Hygiene prior to burial, crematio	item 23 shows any injury, or other traumatic event, the
: VITAL RECORDS, P.O. BOX 68760,	ICIAN: The law requires that the death certificate be executed within a	ertificate has been signed by the attending physician and completely fithe State Dept. of Health and Mental Hygiene prior to burial, cremation	or item 23 shows any injury, or other traumatic event, the
OF VITAL RECORDS, P.O. BOX 68760,	HYSICIAN: The law requires that the death certificate be executed within a	is certificate has been signed by the attending physician and completely fight the State Dept. of Health and Mental Hygiene prior to burial, cremation	ed, or item 23 shows any injury, or other traumatic event, it
N OF VITAL RECORDS, P.O. BOX 68760,	G PHYSICIAN: The law requires that the death certificate be executed within a	er this certificate has been signed by the attending physician and completely fith with the State Dept. of Health and Mental Hygiene prior to burial, cremation	narked, or item 23 shows any injury, or other traumatic event, it
ON OF VITAL RECORDS, P.O. BOX 68760,	DING PHYSICIAN: The law requires that the death certificate be executed within a	After this certificate has been signed by the attending physician and completely if death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	s marked, or item 23 shows any injury, or other traumatic event, the
SION OF VITAL RECORDS, P.O. BOX 68760,	TENDING PHYSICIAN: The law requires that the death certificate be executed within a	IOR: After this certificate has been signed by the attending physician and completely if the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	18 is marked, or item 23 shows any injury, or other traumatic event, it
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1 nours after death with the State Dept. of Health and Mernal Hygiene prior to burlat, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 10342 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 Koosevelt Miles 04 92 A M SR. 7. DATE OF BIRTH (Month, Day, Year) 8-29-24 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Formion DAYS HOURS 215-16-6680 67 1XXM 2 - F YRS. MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE LEVINDALE NURSING HOME RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE 1 X YES 2 | NO MD FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 3717 WOODRIDGE ROAD 21229 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married
3 Widowed 4 Divorced 1 Never Married Specify: BY BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 6th BORDENS ICE CREAM CO. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname, CORA BLANTON ALEXANDER MILES BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3717 WOODRIDGE ROAD/BALTIMORE, MD 21229 VIOLA MILES 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c, LOCATION - City or Town, State GARRITSON FOREST VA CEM. OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL MEDVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 10 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition Cumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF) e CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: apatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO ng Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of

296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF

APR 14 1992

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PÉRSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

. 32. REGISTRAR'S SIGNATURE ha waydoon fandalle

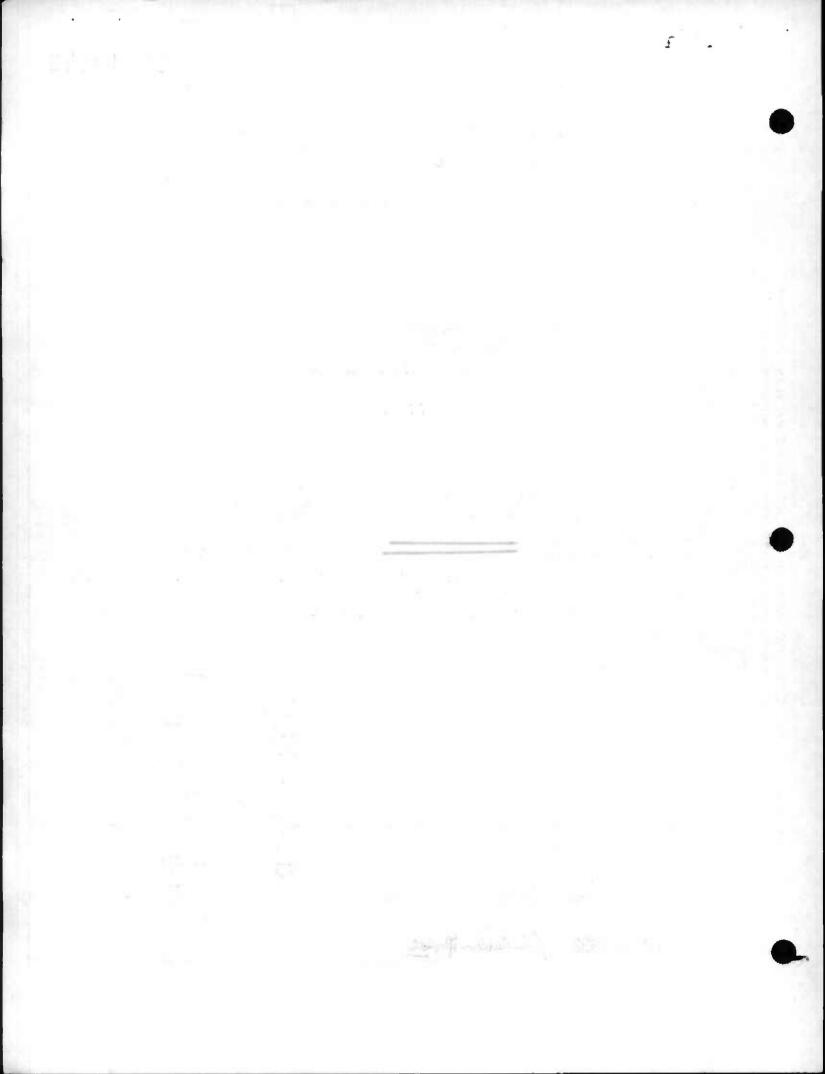
29d. DATE SIGNES (Month, Pay,

29c. LICENSE NUMBER

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	E. W. T. W.		FICATE	OF DEAT	H	REG. NO.			
1. DECEDENT'S NAME (First, Middle, I	McElron	KA - James C	Junior	McElro	У	2. DATE OF DEATH	5 9	3. TIME OF GEATH  2 02324	
4. SOCIAL SECURITY NUMBER 234 20 4306	5. SEX	8. AGE (In yrs. lest birthday,		EAR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/10/1921	8.	BIRTHPLACE (State or Foreign Country) Nest Virginia	
DE FACILITY NAME (If not institution, Mercy Media	give atreet and number)	ru.	9b. CITY, TO	WN OR LOCATION	ON OF DE		9c. COUNTY		
RESIDENCE OF DECEDEN			10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT						
	oward		olumbia					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER	0		2 2 04:50 2 0	101. ZIP CODI	E		10g. CITIZE	N OF WHAT COUNTRY?	
7080 Cradlero	ck Way	Apt. 106		210	45		U.S.	. A .	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		T EVER IN U.S. ARMED  YES 2 XNO WAR OR DATES	If y	S OECENDENT C	n, Mexica	HC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No 14	RACE — American Indian, Black, White, etc. Specify: White	
15. OECEDENT'S (Specify only highest Elementary/Secondery (0-12) 8th Grade 17. FATHER'S NAME (First, Middle, Late	15. OECEDENT'S EQUICATION (Specify only highest grade completed)				na .	16b. KIND OF BUS	INESS/INDUS		
(Specify only highest grade completed)  Elementary/Secondary (0-12)  8th Grade  (Give kind of work done during most of working life. Do NOT use retired.)  Freight Handler  R & R									
		(=T)1		18. MOT		ME (First, Middle, Maiden			
19a. INFORMANT'S NAME (Type/Print)	James M	CElroy	IG ADDRESS /S	Street and Number	Bule	eah Moore		orde)	
Linda Potter	1000	2 Box			ood, West				
20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 C	Semoval from State	20b. PLACE AND OA	TE OF OISPOS	ITION (Name				y or Town, State	
4 Donation 5 Other (Specify)		Meadowri	Meadowridge Memorial Park 4-15 Baltimore, Maryla						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  George J. Gonce Funeral Home P.A.									
23. PART. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	SQUAMOUS BRAINUE TO	(OR AN A CONSEQUENCE CAND NODES. (OR AS A CONSEQUENCE SPLENITIS AN	OF): INOMA C OF): ND BILA	)F RIGH	T LU		т, то		
	0.					I			
PART II. Other algolificant con-	attiona contributing to	deeth but not resulting	g in the unde	erlying cause	given in	Part I. 24a. WAS AN PERFOR 1)([)( YES 2	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 3 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?			T	26. PLACE OF E	EATH (Ch	eck only one)			
1 NES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	g Home 5 🗆 R	ealdence	6 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigs			IME OF NJURY M	6c. INJURY AT WORK? 1 YES 2	□ NO	28d. DEŞCRIBE HOW I	NJURY OCCU	RED	
9 Pulalda -	ot 00 building.	OF INJURY — At home, farm, etc. (Specify)	i, street, factor	y, office	33	28f. LOCATION (Street City or Town, State)		Rural Route Number,	
torioca any		f my knowledge, death occur examination and/or investiga						l. cause(a) and menner as stated.	
296. SIGNATURE AND TITLE OF CEI	CAPIER CAPIER	lan		29c. LIC	ENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)	
30-NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (17) H. Paul Place	po, Print) Ba	1/me	mi	) 21201			
APR 14 1992		AR'S SIGNATURE							



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30. NAME AND ADDRESS OF PENSON

31. DATE FILED (Month, Day, Year)

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, par	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
2	B	With

92 10344 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 13 92 Mildred Elizabeth Maben 4 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH S. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 215-03-3476 1 M 2 X XF 80 YRS. 8/10/11 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Green Haven DIRECTOR 668 213th Street Anne Arundel RESIDENCE OF DECEDENT 10c CITY TOWN DR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Green Haven 1 YES 2XXNO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 668 213th Street 21122 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 2 THO If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 THO Specify: BY 3 😡 Widowed 4 🗌 Divorced Specify: White LED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPLET ntary/Secondary (0-12) College (1-4 or 5+) 12 years Virginia Peanut Co. Packer once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) William Spurley Carrie Oldhouser notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code) 2 668 213th Street Greeen Haven, MD 21122 Mrs. Catherine Spurley è 20e. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE must 4 Donation 5 Other (Specify) Woodlawn Cemetery 4/16 Woodlawn, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. ames oven 8728 Liberty Road Randallstown, MD 21133 23. PART I. Phier the diseases, or complications that caused the peath. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata abook, or heart failure. List only one cause or each it Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) event, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any T YES 2 NO 1 YES 2 NO HED TO MEDICAL 0/2 25. WAS CASE REFER 26. PLACE OF DEATH (Check prly now) HOSPITAL: OTHER: T YES 2 NO 1 🗆 Inpatient 2 🗆 ER/Outpetient 3 🗆 DOA g Home 5 ( Hesidence 6 - Other (Specify) 4. C Nurs 27. MANNER OF DEATH 28s. DATE OF INJURY 29c. INJURY AT WORKT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending M I YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 🔲 Suicide 28f. LOCATION (Street and Number or Rural Route Number City or Tawn, State) COMPLETED 8 Could not be 4 I Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) MO 880 4 9

WHO COMPLETED CAUSE OF DEATH OTHER 27) THOSE PROPERTY

32. REGISTBAR'S SIGNATURE Julia Miritar

	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	lei .	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	4 hours after	illed in by t	n, or remov	e medica	
	ed within 2	ompletely fi	al, cremation	event, th	
	s be execut	sician and c	rior to buris	traumatic	
	in certificati	ending phys	Hygiene p	or other	
	hat the deal	by the att	and Menta	ny injury.	
	v requires to	been signed	t. of Health	shows a	
	AN: The law	tificate has	State Dep	r Item 23	
-	IG PHYSICI	ter this cert	ath with the	narked, o	
-	ATTENDI	RECTOR: Af	urs after de	m 28 is 1	
	OSPINAL OF	INERAL DI	thin 72 hor	NT: If ite	
-	STAFF	TO THE FL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORT	

	1 - FOR STATE REGISTRAR	STATE OF MARY				HEALTH AND	MEI	NTAL HYGIEN REG. NO.	92	11	1345
	1. DECEDENT'S NAME (First, Micole HUSSELL		YKRI	ANT	2	SR.		DATE OF DEATH	5 9	2 × 5ª	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-03-899	8 1 12 M 2 D F 6. AG	8 2		IF UNDER 1 YEAR			DATE OF BIRTH (Month, Day, Year)	.10	8. BIRTH Countr	IPLACE (State or Foreign
OR	57, Joseph	, HOSPITAL	_	96. CITY, TOWN OR LOCATION OF DEATN					BALTIMORE		
DIRECTOR	10a. STATE 10b. C	COUNTY		10c. CITY,					10d, INSIDE CITY		
	Maryland	Baltimore		Towson					LIMITS?		
ERA	812 Mockingbird Lane Apt. 101					101. ZIP CODE 212	04		10g. CIT	U.S	vhat country?
BY FUNERAL	11. MARITAL STATUS  1 □ Never Merried 2 [∑Married]  3 □ Widowed 4 □ Divorced  12. WAS DECEDENT EYER IN U.S. AF FORCES? 1 □ YES 2 ☑ IF YES, GIVE WAR OR DATES				If yes	DECENDENT OF NISP apacity Cuban, Maxi (ES 2 X NO Spec	can, Pu	RIGIN? (Specify Yea erto Rican, etc.)	or No—	14. RACE Black Speci	- American Indian, c, White, atc. ny: White
COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	'S EDUCATION It grade completed)  College (1-4 or 5+)	(GI	tve kind of wo Do NOT use	retired.)	most of working		16b. KIND OF BUS	INESS/INC	DUSTRY	***************************************
MP	6th Grade			Parts	Manag				ly B	uick	
	Albert T. N					18. MOTNER'S N		First, Middle, Malden			
BE (	19a. INFORMANT'S NAME (Type/Prin		196	. MAILING	ADDRESS (Stre	et and Number or Rura	Ne Route		Wart	Code	
5	Mrs. Alice May		812 M	ocking	bird Lan	e .	Apt. 101	To	wson		
	1 23 Buriel 2 Cremation 3 4 Donation /5 Other (Specify	Removal from State	WOOD.	nd date of metory or oth Lawn	er place) Cemete	(Nama of	1		odlar	411-2	Maryland
	21. SIGNATURE OF FUNERAL SERV					and Appress of	ACILIT	neral Di	rect	are	Inc
	Jane	B Corry			8728	Liberty	Ro	ad Rand	alls:	town	MD 21133
	23. PART / Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	a, or complications that cause illure. List only one cause on	each line.	1400		laface			ratory ari	reat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	Eive A CONSEQ	DUENCE OF)	art.	Faifue					
MEDICAL	PART II. Other algnificent con	editions contributing to death	but not re	esulting in	tha underly	ing cause given l	n Part	1. 24e. WAS AN PERFORE	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDIC	CAL								1	
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	stpatient 3		OTHER:	PLACE OF DEATN (C					
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,	y I	26b. TIME INJU	OF 28c.	INJURY AT WORK?	-	. DESCRIBE NOW IN	JURY OC	CURED	
TED BY	2 Accident investig 3 Suicide 8 Could n 4 Homicide determin	28a. PLACE OF INJUI	RY — At hor	me, farm, str			281.	LOCATION (Street a: City or Town, State)	nd Number	or Rural A	oute Number,
COMPLET		PNYSICIAN: To the best of my kno AMINER: On the basis of examinat									and manner as stated.
ш	29h. SIGNATURE AND TITLE OF CE		1	,		29s. LICENSE NO					(Month, Day, West)
TO B	/ h	E/10.	160	any		039	29	7	P (	F/10	192
F	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF D	EATH (ITEM	273 (7)po, F	Print)	X-		-t			

31. DATE FILED (Month, Day, Year) 4 1992 REGISTRAR'S SIGNATURE

REG. NO.

al or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Process after death with the State heart of Health and Mental Horizone prior in burial remaindren or semble.	
5 may be retained by the hospi	tor, page 5 should be detached	ust be notified at once.
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	stely filled in by the funeral direct	filem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
leath certificate be executed wit	L. DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur 2 hours after death with the State Dent of Health and Mental Horiste notor in hural gramation, or semonal	ry, or other traumatic even
N: The law requires that the	icate has been signed by the State Dept of Health and Me	item 23 shows any inju
AL OR ATTENDING PHYSICIA	L DIRECTOR: After this certif 2 hours after death with the	f item 28 is marked, or

BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 10, 1992 YEAR April **METZGAR** Rona 1d 11:15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign March 8,1949 County) aryland 212-48-4235 DAYS 1X M 2 | F 43 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital DIRECTOR Baltimore Rossville RESIDENCE OF DECEDENT 10a, STATE 10c, CITY, TOWN OR LOCATION BAltimore Perry Hall 1 TES EN NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4800 Berry Hill Circle 21128 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? X ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co College (1-4 or 5+) Elementary/Secondary (0-12) Lawyer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Lester Paul Metzgar Amelia Manley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard Metzgar 532 Dorsey Ave. BAltimore MD. 21221 20s. METHOD OF OISPOSITION
1 Surial 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State "Gardens" of Faith 4/14/92 Rossville Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MAgeAVe: N UNE 114 P 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart allure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) Acute Myocardial Infarction OUE TO (OR AS A CONSEQUENCE OF): Severe Coronary Artery Disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Hypercholesterolemia CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Two previous Myocardial Infarctions PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Prominent family history for coronary disease. AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 X NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 10 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 Franklin Square Dr., Balto., 21237 Kenneth Scruggs, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 14 1992

TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed writhin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  Lawrence Martin	1 3		2. DATE OF DEATH MONTH DAY	YEAR OF OEATH
		rs. lest birthday)   IF I	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	212-05-47/2 17/M2 OF 84	YRS. MON	THE DAYS HOURS MIN.	(Month, Day, Year) 4/29/07	Country) D,
1 ac	Sa. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH
18	BALTIMORC CO GEW H	03/4	KANDAGIIST	اندولا	BACIO.
DIRECTOR	10a. STATE 10b. COUNTY  BALTO	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?
	10o. STREET AND NUMBER	0	101, ZIP CODE	100	1 TYES 2 NO
FUNERAL	1301 ST. AGNES LAVE		2/20	7	·w·S.A.
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS OCCEDENT EVER IN U. FORCES? 1 YES	NO	13. WAS DECENOENT OF HISPAN If yes, specify Cuban, Maxica	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.
84	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE	5	1 TES 2 NO Specify	c.	Specify: WAT.
ETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	a. DECEOENT'S USU	done during most of working	16b. KIND OF BUSINES	S/INDUSTRY
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +)	We. Do NOT use ret	TENDONT	CONS	TRUCTION
COMPL	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surna	me)
BE	FRANCIS MARTIN		MAR	1	LUERS
70	ROSEMARY Brosks	19b. MAILING ADD	RESS (Street and Number or Rural I	Route Number, City or Town, Stat	BACTO, MD
	20s, METHOD OF DISPOSITION 20b Pt	ACE AND DATE OF DE	60 1 4 160	100	N — City or Town, State
	□ Donation 5 □ Other (Specify) [D]	y, cremetory or other p	K	4/15/9 BA	LED, MD.
	21. SIGNATURE OF PANIERAL SERVICE LICENSEE		401 S. CHES	CHUTY DAVID	JIWEBER
	7 seller Well	٠			06/25
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on sections.	ia death, Do not e i ilna.	nter the mode of dying, suc	h es cerdiec or respirator	y srrest, Approximata interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	cina	active /	attenta	Onset and Death
	resulting in death) s. Due TO (OR AS A CO	INSEQUENCE OF):	sestive le	( /	7
Z	- Acut	MSP	, water -	tail be	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	INSEQUENCE OF):			
F	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CO	INSEQUENCE OF):			
E	resulting in death) LAST				
	PART II. Other algorificant conditions contributing to deeth but	not reaulting in th	e underlying cause given in	Part I. 24s. WAS AN AUTO	
EDICAL	Alzheimin Dise	us .		PERFORMED?	COMPLETION OF CAUSE
Σ				_	1 TYES 2 DATO
A	25. WAS CASE REFERRED TO MEDICAL		40 M 405 05 D54711 (0)		
Sici	EXAMINER?  1 YES 2 JAN HOSPITAL:  1 Propertient 2 ER/Outpatie		26. PLACE OF DEATH (Che HER: Nursing Home 5  Residence		
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME OF INJURY		28d. OEŞCRIBE HOW INJURY	OCCURED
BY	1  Accident Investigation		M 1 YES 2 NO		
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	, factory, office	28f. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
PLE	29a. CERTIFIER (Check only   CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occurred at	the time, date and place, and due	to the cause(s) and manner as	s stated,
COMPL	one) 2 MEOICAL EXAMINER: On the basis of examination er				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUN	18ER 29d.	DATE SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Time Drive	10/1/		4-13-12
	8620616c-ty PLA	219 14	al Kan	dallstor	in mod 21133
	31. DATE FILED (Month, Day, Your) 32. RECHOTRAR'S SIGNAL AND 1/1992 June Day James Day	ndelle.			
	HLU TA 1995				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Le	met.	CE	HIII	ICALE	OF	DEATH		REG. NO			
	Henry		MOSKOW					MO	ril 12	199	YEAR	9:15 pm
	4. SOCIAL SECURITY NUMBER 216-32-4335	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS MIN	· (Mo	E OF BIRTH (1th, Day, Year)		Country)	ACE (State or Fore
ECTOR	90. FACILITY NAME (If not institution, gh Franklin Square	Hospital			9ь. сіту, Ва1		R LOCATION OF		20 250	9c. COUNTY OF DEATH Baltimore Count		TH
DIRECT	RESIDENCE OF DECEDENT 100. STATE 100. COU Maryland Balt	NTY		10c. CITY, TOWN OR LOCATION						10d. INSIDI		Dd. INSIDE CITY
	10e. STREET AND NUMBER	imore Coun	ity	Bal	Ltimo	-	ZIP CODE			10g. CITIZE	YES 2 N	
FUNERAL	509 St. Patrick		IT EVER IN U.S. ARM	IED	13. W		.206	PANIC OBI	U.S.A.			- American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1		)	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify if yes, specify Cuben, Maxican, Puerto Rican, etc.)  1   YES 2   NO Specify:				Rican, atc.)		Specify: hite	White, stc.
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 12th Grade	DUCATION ade completed)  College (1-4 or 5	(Gh	e kind of a Do NOT us	USUAL OCC work done du se retired.)	OCCUPATION 16b. KIND OF BUSINESS/INDUSTR				turing (		
BE CO	17. FATHER'S NAME (First, Middle, Lest)  Jacob M. Moskowi	Ltz					Unknow	wn	, Middle, Maiden			
٩	190. INFORMANT'S NAME (Type/Print) Margaret Moskowi	9 St	. Pat	ric	k Road		mber, City or Town	Mary	land	21206		
	20b. PLACE AND DATE of DISPOSITION (Name of cometery, Cremation 5 Other (Specify)  20c. LOCATION — City or Town Commetery, Crematory or other place)  Cardens of Faith Cemetery 4/14 Baltimore								y or Town,	, State		
	John C. Miller, Inc. 6415 Belair Road, Baltimore Mary											
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  S. Electromechanical Dissociation  DUE TO (OR AS A CONSEQUENCE OF):									Approximatinterval Bet Onset and I		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. Gangrenous Bowel  DUE TO (OR AS A CONSEQUENCE OF):  Mesenteric Infection  DUE TO (OR AS A CONSEQUENCE OF):  d. Atheroscierosis											
	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause gives											
MEDICAL	PART II. Other algolificant conditi			aulting I	n the unde	ertying	csuse given	In Part I.	24a. WAS AN / PERFORI 1 [] YES 2	WED?	CO	AILABLE PRIOR TO IMPLETION OF CAL DEATH?
MEDICAL	PART II. Other algnificant conditions and the second secon	One contributing to	deeth but not res		OTHER:	26. PLA	CE OF DEATH (	Check only (	PERFORI 1 TYES 2	WED?	CO	AILABLE PRIOR TO IMPLETION OF CAU
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1, Netural 5 Pending	HDSPITAL: Jinpetlant 2 28e. DATE OF (Month, De	deeth but not rea		OTHER: 4   Nursin	26. PLA g Home Bc, thJUI WOR	CE OF DEATH (	Check only o	PERFORI 1 TYES 2	NO NO	OF 1 [	AILABLE PRIOR TO IMPLETION OF CAU DEATH?
TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YOUNG  27. MANNER OF DEATH	HOSPITAL: Impetient 2  26e. DATE OF (Month, De	deeth but not rea	DOA 26b. TIMI	OTHER: 4 Nursin E OF 26 URY M	26. PLA g Home Bc. INJUI WOR 1 YE	CE OF DEATH (  5  Residence RY AT K?	Check only o	PERFORI 1 YES 2	MED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAU DEATH?
TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1. Netural 5 Pending Investigation investigation of beautiful and the determined services only 1 CERTIFYING PHY	HOSPITAL: Inpetient 2  26e. DATE OF (Month, De  26e. PLACE Of building, 4	ER/Outpatient 3 ENJURY   FINJURY At home etc. (Specify)	DOA Z6b. T/MI	OTHER: 4   Nursin FERRY M  treet, factory	26. PLA g Home 9c. INJUI WOR 1  YE	CE OF DEATH ( 5   Residence RY AT RY	Check only of a Check only of	PERFORI  1 YES 2  or (Specify)  SCRIBE HOW IN  CATION (Street ar or Town, State)	JURY OCCUR	AMICO OF 1 [	YES 2 NO
TO BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1. Netural 5 Pending Investigation investigation of beautiful and the determined services only 1 CERTIFYING PHY	HOSPITAL: Inpetiant 2  26s. DATE OF (Month), De building, of the best of the b	ER/Outpatient 3 ENJURY 19, 19ar) FINJURY At homestc. (Specify) Try knowledge, death	DOA DOA INJU	OTHER: 4 Nursin E OF JRY M  treet, tactory d at the time	26. PLA g Home Bc. thulu WOR 1 YE r, office	CE OF DEATH ( 5   Residence RY AT RY	Check only of the State of the Circles to the cone time, dark	PERFORI  1 YES 2  or (Specify)  SCRIBE HOW IN  CATION (Street ar or Town, State)	MEO?  NO  JURY OCCUR  Ind Number or I	AMICON CONTROL OF THE	AILABLE PRIOR TO MPLETION OF CAU DEATH?  YES 2 NO

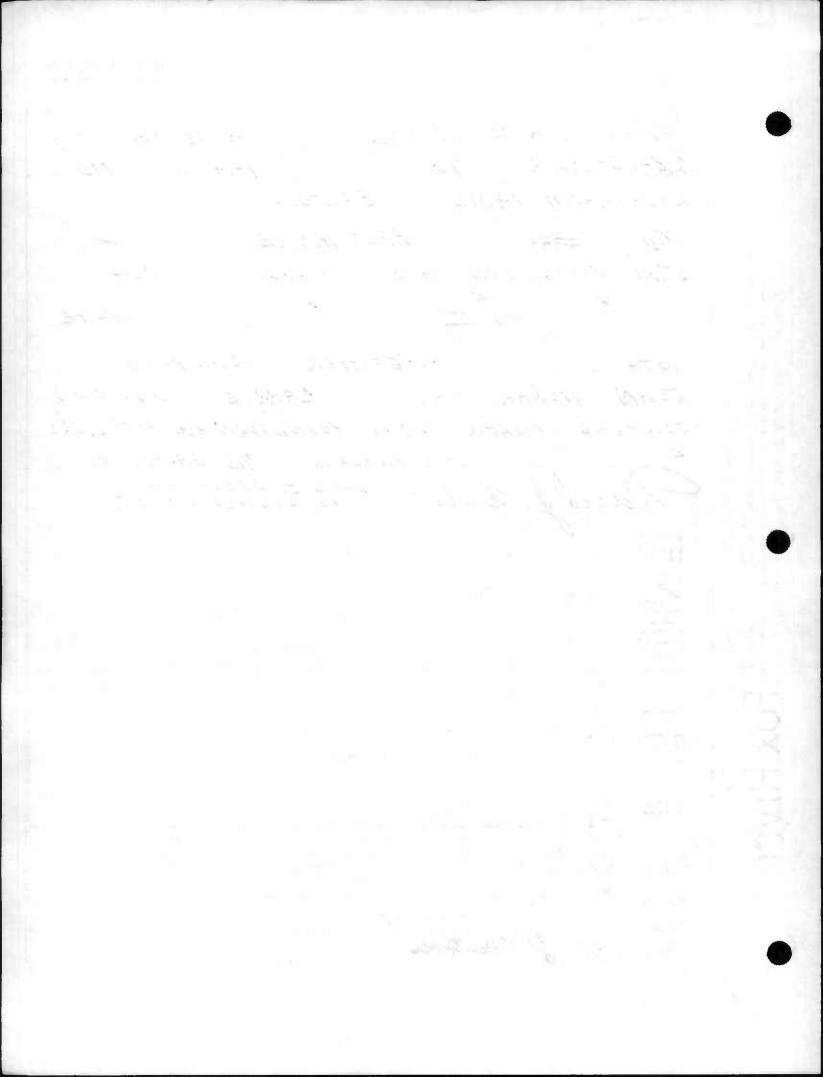


Mary Control of the St. Kills

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be field within 72 hours after death with the State Upda. Or heath and when a hypere prior to buria, contaction, or removed.

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / CE	DEPARTMENT (	F HEALTH AND I	MENTAL HYGIENI REG. NO.	•				
	1. OECEDENT'S NAME (First, Middle, Last)	E, NO	WAK		2. DATE OF DEATH	1 / 9 YEAR	3. TIME OF DEATH  FOR M			
	4. SOCIAL SECURITY NUMBER 5. SI 2/8-05-1/82 1X	M 2   F 7 2		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  1-14-2	Country	PLACE (State or Foreign			
8	9a. FACILITY NAME (If not institution, give street en	VAMC	96. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUNTY OF DE	EATH			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c, CITY, TOWN OR	OCATION		T	10d, INSIDE CITY			
H H	MD BALT		BALT	IMORE	-		LIMITS?			
1 N	10s. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF W	HAT COUNTRY?			
FUNERAL	6721 YOUNGS	AS DECEDENT EVER IN U.S. AR	VE.	2/222 B DECENDENT OF HISPAN	NO OBIOING COLUMN	05%	7			
BY	1 Never Married 2 Married F	ORCES? 1 YES 2 N FYES, GIVE WAR OR DATES	IO If y	s, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Rican, etc.)	Specif	- American Indian, t, White, etc. fy: VHITE			
E E	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted) (Gi	CEDENT'S USUAL OCCI		16b. KIND OF BUS					
COMPLETED	Elementary/Secondary (0-12) Coll	ege (1-4 or 5+)	DO NOT use retired.) PEFIT	TE 0	SHIP	YARD				
NO.	17. FATHER'S NAME (First, Middle, Last)		6,11		ME (First, Middle, Meiden					
BE	JOHN NOU			CAR	RIE		NOWN			
2	190. INFORMANT'S NAME (Type/Print)  JUSEPHINE M	DOWAK 198	MAILING ADORESS (S	treet and Number or Rural	Poute Number, City or Town	, State, Zip Code)  - BAL	TO, MO			
	20s. METHOD OF DISPOSITION	20b. PLACE	ANO DATE OF DISPOS	1001063	JUNIO AV	CATION — City or To	2/222			
	1 Suriel 2 Cremation 3 Ramoval for 4 Donation 6 Other (Specify)		Crematory or other place	AUS	14/13 131	ALTO.	MD.			
	22. NAME AND ADDRESS OF FACILITY  DAVID T. WEBER F.H.  401 S. CHESTER ST.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO JOR AS A CONSECUTION OF AS A CONSECUTIO	c and	trailur est	nction					
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DVENTOUS MUD CANDICAL INSERTED 2/92									
: MEDICAL	PART II. Other algnificant conditions con	stributing to death but not r	resulting in the unde	riying cause given in	Part I. 24a. MAS AN PERFOR	IMED?	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (CA	eck only one)					
YSIC	1 U YES 2 100 1	SPITAL: Inpatient 2 - ER/Outpatient 3	DOA 4 Nursin	g Home 5 🗆 Residence	8 Other (Specify)					
BY PHYSICIA	27. MANNER OF DEATH  Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	INJURY	IC. INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY OCCURED				
TED	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, factory	, office	26f. LOCATION (Street a City or Town, State)		Route Number,			
COMPLETED		To the best of my knowledge, de the basis of examination and/or					a) and manner as stated.			
TO BE COMPLE	29b. BIONATURE AND TITLE OF CERTIFIER  (MUSIC MU	Klim	M.E	29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Weer)			
-	30. NAME AND ADDRESS OF PERSON WHO CON	, toch	M 27) (Tygo, Print)	VA Me	lical Co.	noter, to	Balt. MD			
	APR 14 1992	e. REGISTRAR'S SIGNATURE	M2.							





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND OF DEATH	MENTAL HYGIEN	E	2	035	50
	1. DECEDENT'S NAME (First, Middle, Last TELYNA	Υ.		α	SLE	2. DATE OF DEATH DO 1		EAR	3. TIME OF DEATH 7:30 A N	
ł	4. SOCIAL SECURITY NUMBER 212-88-3241  98. FACILITY NAME (If not institution, give	1 🗆 M 2 📈 F	1 □ M 2 × F 16 YRS.			7. DATE OF BIRTH (Month, Day, Year) 9-12-75	MD		D	Foreign
TOR	JOHNS HOPKINS HO	SPITAL			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE			9c. COUNTY OF DEATH		
DIRECTOR	MD 10a, STATE 10b, COU	VTY	- 111		Y, TOWN OR LOCATION LTIMORE				INSIDE CIT LIMITS? XYES 2	
FUNERAL	2835 HUNTINGDON				101. ZIP CODE 21211		. U	S.A.		
₽	1. MARITAL STATUS    Nover Married   Married   Married   Married   Midowed   Divorced   Married   Midowed   Married   Midowed			If yes	DECENDENT OF HISPA I, specify Cuban, Maxic YES 2 X NO Spec	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) iiy:	n or No- 14	I. RACE — A Black, Wh Specify:	Merican Indite, atc. BLACK	
COMPLETED	15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12)	DUCATION Ide completed)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT of	work done during wee retired.)	PATION most of working	16b. KIND OF BU	SINESS/INDUS	TRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) ERIC TURNER  18. MOTHER'S NAME (First, Middle, Meiden Surmame) WANDA OGLE									
10	1996. INFORMANT'S NAME (Type/Print)  1996. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2835 HUNTINGDON AVE./BALTIMORE, MD 21211									
	20b. PLACE AND DATE OF DISPOSITION (Name of Competer), Cremetton 3 - Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Competer), Cremetton 5 - Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Competer), Cremettery, Cremettery of other Disposition (Name of Competer), Cremettery,									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  WM. C. MARCH F. H. / 1101 E. NORTH AVENUE									
	23. PART I. Enter the diseases, ahock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)	e. List only one cause on se a. Gun 5/20 J DUE TO (OR AS A	- Way	ind e	of Hea.		iratory arrea	t,	Approxir interval Onset ar	Batweer
ERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A  c. DUE TO (OR AS A  d.								
PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition		it not resulting	in the under	ying ceuse given ir	PERFO		CDW OF G	E AUTOPSY LABLE PRIO PLETION OF DEATH? YES 2	F CAUSE
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 (2) YES 2 (1) NO	HØSPITAL: 1 <sup>™</sup> Inpetient 2 □ ER/Outpa	itient 3 DOA	OTHER:	B. PLACE OF OEATH (C					
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Mart) 0 4/10/92	8:30	ME OF 28c	INJURY AT WORK?	26d. DESCRIBE HOW	AS SHO			
ETED 6	3 Suicide 8 Could not I 4 Homicide determined	bullang, etc. (opeci	At home, farm, fy) RY OUT I			281. LOCATION (Street City or Town, State) 1271 E.NO			Number,	

29c. LICENSE NUMBER

111 PENN STREET, BALTIMORE, MARYLAND 21201

O.C.M.E.





TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

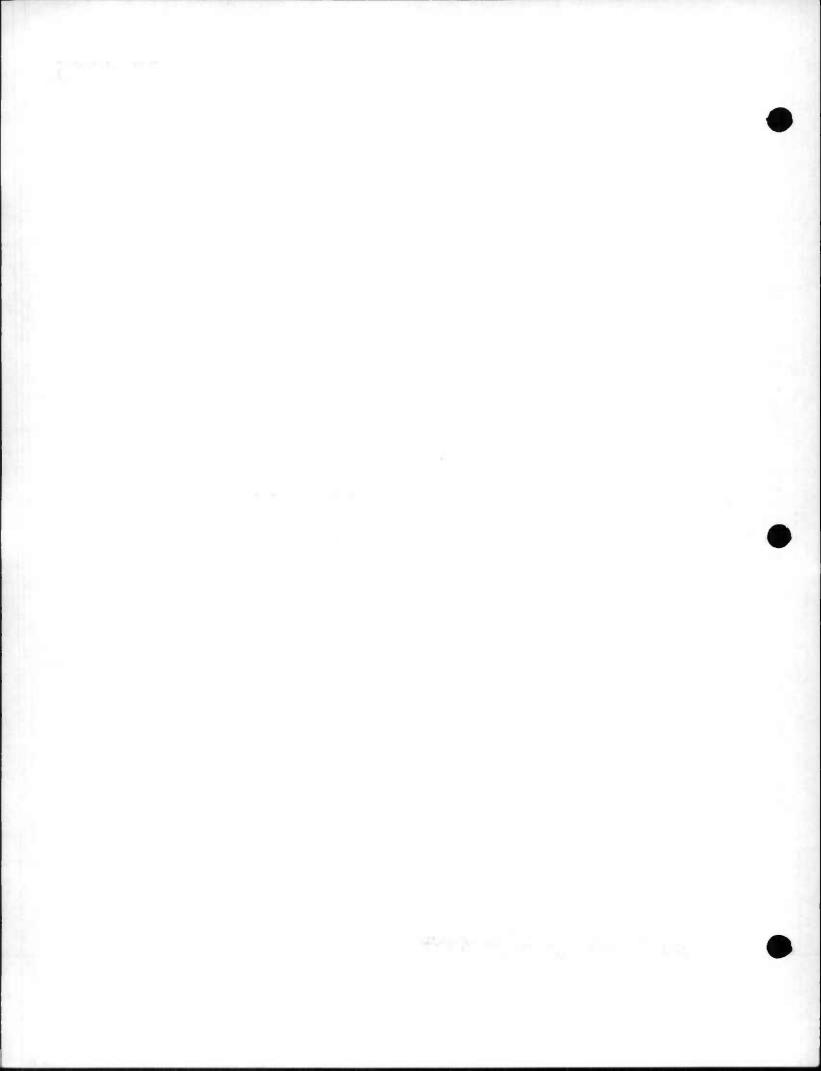
29b. SIGNATURE AND TITLE OF

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
L Davidson-Randelle

29d. CATE SIONED (Month, Day, Year) \$\infty 4/12/92\$



3. TIME OF DEATH

10d. INSIDE CITY

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OF VITAL F	HYSICIAN: The law requi	vith the State Dept. of H	ted, or Item 23 short
IN OF VITAL F	NG PHYSICIAN: The law requi	fler this certificate has been seath with the State Dept. of H	marked, or Item 23 short
SION OF VITAL F	ENDING PHYSICIAN: The law requi	3R: After this certificate has been see that the State Dept. of H	I is marked, or Item 23 shor
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospalar or attending appearance.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dreached for an the box completely filled in by the funeral director, page 5 should be greated by the attended	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

FUNERAL

BY

COMPLETED

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CERTIFICATION

MEDICAL

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BY

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FUNERAL I =

TO THE HOSPITA
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De filed within 72
IMPORTANT: II

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Norma Elaine Orndorff 4/13/92 5. SEX A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2,2 218-26-2646 61 5/14/30 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2114 Sunbriar Lane Woodlawn Baltimore Co unty RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION Yaryland Baltimore Woodlawn 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2114 Sunbriar Lane 21207 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rica

1 YES 2 X NO Specify: 1 Nevgt Married 2 Married IF YES, GIVE WAR OR DATES Specific 3 Wildowed 4 T Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY tary/Secondary (0-12) College (1-4 or 5+) 10th grade Store/ Cloverland Farms Manager Royal Farms 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas William Dennis Gladys Rachel Brown 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Gary George Sr 4 Coronet Drive Linthicum Maryland 21000 20e. METHOD OF DISPOSITION

↑CMBurlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) orraine Park Cemetery 4/15 Woodlawn 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LOTING Byers Funeral Directors, Inc 21133 amos 8728 Liberty Road Randallstown 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Viscose Work DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 | YES 2 | 10 OF DEATH?

Disease 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (CHeck only one) OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 6 Could not be 4 Homicide

29e. CHITIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.

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2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated

s. SIGHAPINE ING TITL	DE CONTRICEN	N	D27034	29d. DATE SIGNED (Month, De	y. Your)
STREET SAME A RESIDENCE OF	-				

310 010 Court le sute 20, kaldistan MO 2113 31. DATE FILED (Mohith! Day, "Year)

32. REGISTRAR'S SIGNATURE Lie Deviden Bonde 1992

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ORDS, P.O. BOX 68/60,	s that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit polith and Mental Hygiene prior to burial, cremation, or removal.	
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31, DATE FILED (Month, Day! War)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1992

32. REGISTRAR'S AIGNATURE
1007

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH Marie CONSTANCE 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH
(Month, Day, Year)
2 - 6-56 8. BIRTHPLACE (State or Foreign 220-66.2372 34 1 M 2 F HOURS mtry) per f, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2527 Popes DIRECTOR LANC wood Edgemere 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Edgemere mo YES 2 TRO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2527 2.5 Popes LAne 2/2/9 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuben, Mexican, Put
1 YES 2 NO Specify: Never Married 2 Merried BY 3 Wildowed 4 Divorced Hegro COMPLETED 16. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) LABO V once. 17. FATWER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) LAWENCE Ti 5mmA Lewi 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 PAWI Pope S 2 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 15 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Betts -unent 112911. CAroline St 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest abock, or heart feilure. List only one cause on each line. Approximets Interval Between IMMEDIATE CAUSE (Finel Onset and Death disesse or condition resulting in death) e. MUITISTETEM
DUE TO (OR AS A CONSEQUENCE OF): MITTER NASCHO CERTIFICATION 125V Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury infection DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24h. WERE ALITOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED: 1 YES 2 NO DIVISION OF VITAL REC this certificate has been sign with the State Dept. of Heal 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 8 | Residence 8 | Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 ODA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 8 Pending 1 YES 2 NO DIRECTOR: After the BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Specify) 90 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 6 Could not be 4 Homicide 200 Hem 29a. CERTIFIER

1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 no IMPORTANT: If its 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) PENDING

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be instained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING	RECTOR: After	irs after death	m 28 is m
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TO THE HOS	TO THE FUA	be filed with	IMPORTAN

1. DECEDENT'S NAME (First, Middle, JACK	ROBERT	POUNDE	PC			MONT	OF DEATH	DAY O	92	3. TIME OF DEA	
4. SOCIAL SECURITY NUMBER	5. SEX 1 2 M 2 F	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTN th, Day, Year)	0	-	7:15 HPLACE (State or iny)	Foreign
9a. FACILITY NAME (If not institution, 4601, 46TH, ST RESIDENCE OF DECEDEN	REET			96. CITY, TOWN BI, ADEN	OR LOCATION OF		0-36		NCE	GEORGI	ES
	DUNTY		10c. CITY	Y, TOWN OR LOCA	TION					10d. INSIDE CIT LIMITS? 1 YES 2	
No fixed Add	lress			10	r. ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. 7 1 YES 2 WAR OR DATES		If yes, s	CENDENT OF NISP secify Cuban, Mexi 3 2 NO Spec	can, Puerto	N? (Specify Ye Rican, etc.)	e or No—	14. RAC Blac Spec	E — American Inc ik, White, atc.	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)				USUAL OCCUPATI rork done during me e retired.)		164	b. KIND OF BU	JSINESS/IN	DUSTRY		
17. FATNER'S NAME (First, Middle, Lan	98)			-	18. MOTNER'S	NAME (First,	Middle, Maide	n Surname)			
19a. INFORMANT'S NAME (Type/Print)			19b, MAILINO	ADDRESS (Street	and Number or Rura	al Route Num	iber, City or Tox	wn, State, Zi	ip Code)		
ocme						DAT	E 200 14			(AT-18 )	
20e. METHOD OF DISPOSITION  1 □ Burial 2 □ Cremation 3 □  4 □ Donation 6 □ Other (Specify)	Removal from State	20b. PLAC cemetery, c	EAND DATE Of crematory or other	DE DISPOSITION (N ther plece)	ame of	DAI	200. 20	OCATION —	- City or To	own, Stata	
	in state	20b. PLAC cometery, of ld Wade	Dir,	22. NAME A	ND ADDRESS OF C	FACILITY	STATE	ANAT	OMY	BCARD	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfilled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN			CHILL	CALE	OF	DEATH		REG. NO	),		
1	1. DECEDENT'S NAME (First, Middle, Lest)							2		AY	YEAR	3. TIME OF DEATH
	E11		ae		entice				April 1	3, 19		5:30am M
	4. SOCIAL SECURITY NUMBER 208-12-4043	5. SEX 1	6. AGE (In yrs. I	est birthday) YRS,	IF UNDER 1	YEAR DAYS	HOURS M	HRS. 7.	(Month, Day, Year) 6/20/05		Countr	**
}	9e. FACILITY NAME (If not institution, give s	meet and number)	- 00		Oh CITY 3	20444 0	B LOCATION (	OF DEAT		Lacasi		Pa.
œ						Baltimore City  Beccounty of Death					EATH	
DIRECTOR	Maryland General	Hospital	-		Balt	1mc	ore C1	ty			_	
Ä	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY
	Md.				Balt	imc	re					LIMITS?
FUNERAL	100. STREET AND NUMBER 1214 Eutaw	Place						10g. CIT	10g. CITIZEN OF WHAT COUNTRY?			
R	11. MARITAL STATUS	12. WAS DECEDEN					21217		Name of the last o		USA	
	1 Never Married 2 Merried	FORCES? 1	YES 2	NO	16	yes, spe	city Cuben, M	fexican, F	ORIGIN? (Specify Ye Puerto Ricen, etc.)	e or No-		— American Indian, c, White, etc.
BY	3/□ Widowed 4 □ Divorced	IF YES, GIVE V	WAR OR DATES		1 [	YES	2 1 NO 5	Specify:			Speci T.7	'n: 'nite
COMPLETED	15. DECEDENT'S EDU		160. 0	DECEDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF BU	SINESS/INI		lifte
91	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of vite. Do NOT us	e retired.)	nng mos	st or working					
₹ I				Ret	ired							
8	17. FATHER'S NAME (First, Middle, Last)	<b>.</b>							(First, Middle, Maider			
BE	Michael	Parsalos						rbar		walte		
2	19a. INFORMANT'S NAME (Type/Print)		1						te Number, City or Tov		2000) 197	711
	James P. Ba	rnes	1.0533100					Newa	rk, Dela			
Ì	1 Donation 5 Other (Specify)		cemetery, c	rematory of of	her place emate	ory	Inc.	4/1	4/92 20c. LC	cation - Cator	City or To	.le, Md.
į	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /			22, N/	ME AN	O AODRESS O	of FACIL	rs Funer	o 1 H	mo P	Δ
	lecil 9	est	10			13	00 Eu	taw	P1. Balt	o. Mc	1. 21	
	23. PART Enter the diseases, or o shock, or heart failure.	omplications the	t caused the c	death. Do n	ot enter ti	ne mod	de of dying,	auch a	a cardiac or reap	iratory ar	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final		rdial i		tion	(-		/ L a d				Onset and Death
	disease or condition resulting in death)	n				(5	uspec	Leu)				
			(OR AS A CONS	sequence of): ial fibrillation								
S I	Sequentially list conditions,	b		SEQUENCE OF):								
¥	if any, leading to immediate cause. Enter UNDERLYING	Sepsi							į į			
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONS	EQUENCE OF):								
EDICAL CERTIFICATION	resulting in death) LAST	нерат	ic dise	ease	e							
0	PART II. Other algnificant condition	a contribution to	death but not	requising (	n the und			n In Da	41   41   110   11		1	
3	THE RESERVE OF THE PROPERTY OF	a contributing to	death but not	reauting i	n the ung	eriying	cause give	n in Pai	PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 TYES	P NO		COMPLETION OF CAUSE DF DEATH?
Σ									-			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					24 DI	ACE OF OEATI	M MCharle	anti-rasit			
Sic	EXAMINER?	HOSPITAL:	EB/Outpetlant	2 🗆 004	OTHER:							
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIMI	E OF 2	Bc. INJL	JAY AT		Other (Specify)  Id. OESCRIBE HOW	NJURY OC	CURED	
ВУР	12 Natural 5 Pending Investigation	(Month, D	lay, Year)	INJ	M M	1 Y	RK? ES 2 N					
	2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE O	F INJURY — At I	nome, ferm, s	treet, factor	y, office		26	St. LOCATION (Street		or Rural R	oute Number,
	4 Homicide datermined	building,	atte (upocny)						City or Town, Stete			
2	290. CERTIFIER (Check only	CIAN: To the best of	my knowledge, o	leath occurre	d at the tim	e, date	end place, end	d due to	the cause(s) end ma	nner as star	ted.	
COMPLETED	Orie) 2 MEDICAL EXAMINE											) end manner ee stated.
U C	296. SIGNATURE AND TITLE OF CERTIFIER					T	29c. LICENSE					(Month, Day, Year)
0	Peter S.	Pham	, M	D				n/a				3/92
2	30. NAME AND ADDRESS OF PERSON WHO	Pham, M.	D .	EM 27) (Type,	Print) / O	Mar	yland	Gen	eral Hos			,
1												
2	APR 1 4 1992	a was Daw	PE SIGNATURE	N. C. S.								

and the following the second

1	-	FOR STATE REGISTR	AF
1	. D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

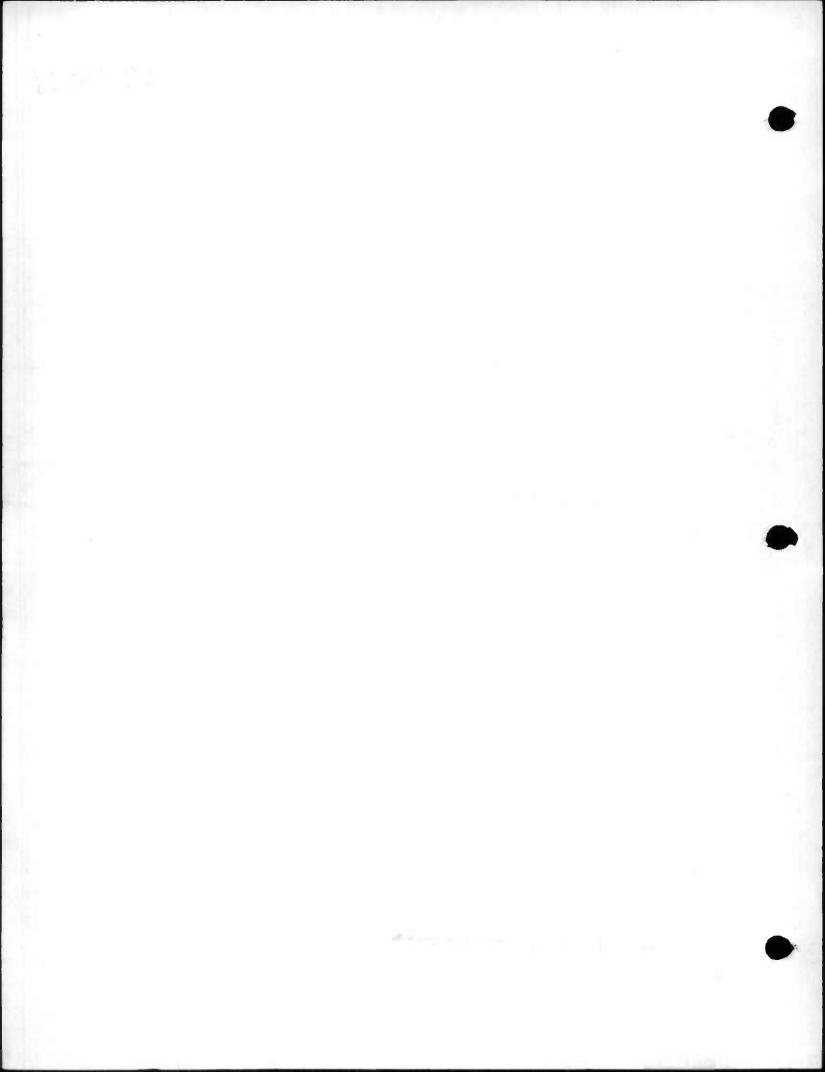
	1 - REGISTRAR		CERTIF	ICATE C	F DEATH	REG. N	0.		. 000
1 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR 3.	TIME OF DEATH
j j			ROGERS			April	12,19	92 1	10:00 a
September 1	4. SOCIAL SECURITY NUMBER 215-05-0855	5. SEX 6. AGE	(In yrs. last birthday) 81 YRS.	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) NOV . 5,	1910	Country)	ACE (State or Foreign Maryland
œ	9a. FACILITY NAME (If not institution, give so 6224 Tramor			100000	WN OR LOCATION OF D	EATH	_	TY OF DEAT	
0	RESIDENCE OF DECEDENT	e Roau		Ва	ltimore C	ıty			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO				-10	d. INSIDE CITY LIMITS?
	Maryland			Ba	ltimore C	ity		1	YES 2 NO
3	104. STREET AND NUMBER				10f. ZIP CODE				T COUNTRY?
FUNERAL	6224 Tramor					1214		ed St	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES 2 NO Speci	en, Puerto Rican, etc.)	es or No	14. RACE — Black, V Specify:	American Indian, White, atc.
	15. DECEDENT'S EDUC (Specify only highest grade)	ATION correlated	18a. DECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF B	USINESS/INDI	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		o retired.)	most of working	U.	S.Gov	t.	
Š	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	-		
BE	Joseph P.	Rogers					phonosk		
5	19a. INFORMANT'S NAME (Type/Print)  Roberta R. Roger	S			ore Road	Baltimore		<sup>Code)</sup> 212	14
	20a, METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Remo	20b	PLACE AND DATE	OF DISPOSITION	N (Neme of		OCATION — C	ity or Town,	State
	4 Donation 5 Other (Specify)	Cent	Parkwood	Cemet	ery $4/15$	/92   Bal	timore	e Mar	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	Milton J	Knight Jr	22, NAM	E AND ADDRESS OF FA	CILITY			21214
	multon .	Knight !		Leo	nard J. R				
	disease or condition resulting in death)		CONSEQUENCE O	_	s		-		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		R AS A CONSEQUENCE OF):						
ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	NSEQUENCE OF):					
AL C	PART II. Other algnificant conditions	contributing to death b	out not reaulting	In the underl	ying cause given in	Part I. 24a. WAS A	N AUTOPSY		ERE AUTOPSY FINDING
MEDICAL						1 TYES	PRMED?	OF	AILABLE PRIOR TO DMPLETION OF CAUSE DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	estient 3 DOA	OTHER:	B. PLACE OF DEATH (Cr				
Ϋ́	27. MANNER OF DEATH	25a, DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	28d. DESCRIBE HOW	INJURY OCCI	JRED	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK?				
	3 Suicide B Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, larm,	street, factory, o	offica	28f. LOCATION (Stree City or Town, Stat	t and Number o	r Rural Rout	e Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	ledge, death occurr	ed at the time,	data and place, and dus	to the cause(a) and m	enner sa state	d.	
NO N		On the beals of examination							nd manner as stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIER	Jandorf			29c. LICENSE NUI	WBER - 8 2 0		SIGNED (M.	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO			*					
	Dr. R. Donald Jan	1001 1 M. D.	/4U3 Har	Tora R	oad Bali	limore, Ma	ryland	1	
	APR 14 1992	32. ABGISTPHA'S SIGN	n-fjandell						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1st hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examingr must be notified at once.

	Item 3, per MEO, G- FOR 1 - STATE REGISTRAR	STATE OF	0/92 gn <b>Maryland /</b> Ce	DEPAR	RTMENT	OF H	EALTH DE A	AND	MENTA	AL HYGIE REG. N	NE S	1	0330
	1. DECEDENT'S NAME (First, Middle, Last)						DEA			E OF DEATH			3. TIME OF DEATH
	DAVID -DA	IVD HI	ENRY RO	BER	rs I	II			0.4	т <del>н</del> 1	DAY 1 (	YEAR 992	4:02 P. M
	4. SOCIAL SECURITY NUMBER 5	. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		B. BIRTI	IPLACE (State or Foreign
	072-54-8837	<b>X</b> M 2 □ F	36	YRS.	MONTHS	DAYS	HOURS	MIN.	MAF	R. 24,	1956	NEL	YORK
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY	TOWN C	OR LOCATI	ON OF DI			-	NTY OF D	
NC N	Route 107						ille				Mor	taa	marti
DIRECTOR	RESIDENCE OF DECEDENT					100.000					nely		
R	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?			
	D.C.				WASH	ING	TON				_		X YES 2 NO
RAI	100. STREET AND NUMBER  226 11th. STR	TTM.				101	. ZIP COD	_	003		10g. CIT	ZEN OF V	WHAT COUNTRY?
FUNERAL			-									S.A.	
5,	11. MARITAL STATUS  11. Never Married 2 Married	FORCES? 1	T EVER IN DIG. AR	MED	13.	WAS DEC	ENDENT (	OF HISPAI	NIC ORIGI	IN? (Specify Y	es or No—	14. RACI Blaci	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1	YES	210 NO	Specif	ly:			Spec	WHITE
	15. DECEDENT'S EDUCAT	ION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	)N		16	b. KIND OF B	ISINESS/IMI	HISTOV	MILLE
ET	(Specify only highest grade cor	mpleted) College (1-4 or 5	(Gi	Do NOT us	work done o	during mo	st of working	ng		or react of o	JOHNESS/1111	,001111	
IPL	12	6		LIC	AFF	AIN	SA	SSO		OI	r co	•	5
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maide	n Surname)		
BE C	DAVID H. ROBER	TS JR	•				AL	ICE	PUC	<b>GH</b>			
TO B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a	nd Numbe	or Rural	Route Nun	nber, City or To	wn, State, Zip	Code)	
F	BRONWYN R. DAVI	S	RR	D.0	NE E	BOX	A-2	93	RAMS	SEN, N	EW Y	ORK	13438
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remove	d from State	20b. PLACE A	NDDATE	OF DISPOS	ITION (Na	me of		DA	TE 20c. L	OCATION -	City or To	own, State
	4 Donation 5 Other (Specify)		GREEN	MT	• CR	EMA	TOR	Y 4	/14	BA	LTIM	ORE	,MD.21202
	21. SIGNATURE OF FUNERAL SERVICE LICEN						D ADDRE				CON	0	
1	· R.J. Be	wi								S AND			MD. 21212
	23. PART I. Enter the diseases, or com	npiicetiona the	t coused the de	eth. Do r	not enter	the mo	de of dy	ing, auc	h aa car	rdiac or rea	piratory an	eat,	Approximate
	ahock, or heert feliure. Lis IMMEDIATE CAUSE (Final	t only one ceu	use on each line										interval Between Onset and Deeth
1	IMMEDIATE CAUSE (Final disease or condition				Hiple inJuries								
			1	//u/	FIR	ole	2	in	Ju	rips			Oliset and Destin
	reaulting in death) a	DUE TO	(OR AS A CONSEC	UENCE OF	T1/	1/e	2	inc	Ja.	rie	~		Onest and Deeth
NO	resulting In death) - a			DUENCE O	F):	ole	2	ino	Ja.	rie			Criset and Deeds
ATION	resulting in death)  a  Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEC	DUENCE O	F):	ole	2	ino	Ja.	ries	2		Oriset and Deedil
-ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	ole	2	inu	Ja.	rie			Oriset and Deetil
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO		DUENCE OF	F):	ole		ine	Ja.	ries			Orest and Deetil
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								Onsat and Deetil
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	F):					24a. WAS A	N AUTOPSY	240	. WERE AUTOPSY FINDINGS
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):					24a. WAS A PERFO		240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):					24a. WAS A PERFO	N AUTOPSY RIMED?	24b.	WERE AUTOPSY FINDINGS
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):					24a. WAS A PERFO	N AUTOPSY RIMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the condit	DUE TO	(OR AS A CONSEC	DUENCE OF	F): F): Finithe un	deriying 28. PL		given in	Part I.	24a. WAS A PERFO	N AUTOPSY RIMED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the condition	DUE TO	(OR AS A CONSEC	DUENCE OF	F): F): In the un	derlylng 28. PL 3:	) cause ;	given in	Part I.	24a. WAS A PERFO	N AUTOPSY RIMED? 2 X NO 32 T (O.M.	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
_	PART II. Other algnificent conditions of the EXAMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 27. MANNER OF DEATH	DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECT	DUENCE OF DUENCE OF DOA 28b. TIM	F):  F):  OTHER 4   Num E OF	deriying 28. PL R: ping Hom 28c. INJ	ace of D	given in	Part I.	24a. WAS A PERFO	N AUTOPSY RIMED? 2 NO 3CT(()) St	reet	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the condition	DUE TO  DUE TO  DUE TO  CONTributing to  COSPITAL:  Inpetiant 2  26a, DATE OF  (Month, D  04/11/	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DUENCE OF DUENCE OF DOA 128b. TIMM 1913	F): F): OTHER 4   Num E OF UNRY	28. PL 1: 1: Ing Hom 28c. INJ WO 1 U	ACE OF D  5 □ Re  URY AT  RK?	given in	Part I.	24a. WAS A PERFO	N AUTOPSY RIMED? 2 NO 3CT(()) St	reet	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DART II. Other algnificent conditions of the condition	DUE TO  DUE TO  Contributing to  COSPITAL:  Inpetiant 2  26a. DATE OF (Month, D  04/11/ 26a. PLACE O	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECT	DUENCE OF DUENCE OF DUENCE OF DOA 20b. TIM INJ 3 : 30 me, farm, 4	F):  F):  In the un  OTHER 4   Num E OF URY IP M	28. PL 1: 1: Ing Hom 28c. INJ WO 1 U	ACE OF D  5 □ Re  URY AT  RK?	given in	Part I.  seck only o  6 Other  28d. DE  PASS  IMDE  28I. LOC	24a. WAS A PERFO	N AUTOPSY RMED? 2 NO STION STION STION A and Number	reet	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Auto/Auto
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	DUE TO  DUE TO  Contributing to  COSPITAL:  Inpetiant 2  26a. DATE OF (Month, D  04/11/ 26a. PLACE O	COR AS A CONSECTION OF THE CON	DUENCE OF DUENCE OF DUENCE OF DOA 20b. TIM INJ 3 : 30 me, farm, 4	F): F): OTHER 4   Num E OF UNRY	28. PL 1: 1: Ing Hom 28c. INJ WO 1 U	ACE OF D  5 □ Re  URY AT  RK?	given in	Part I.  6 Other  28d. DE PASS IMPO	24a. WAS A PERFO	N AUTOPSY PRIMED?  2 NO  STION  Stin.jury occurrence And Number	reetcureo uto/	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Auto/Auto
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions of the condition	DUE TO DUE TO DUE TO Contributing to COSPITAL: Inpetiant 2  26a. DATE OF (Month, D  04/11/ 26a. PLACE O building.	(OR AS A CONSECTION OF THE CON	DUENCE OF DUENCE OF DOAR 120 TIME 13:30	F):  F):  OTHER 4   Num iE OF   URY IP M  attreet, factor	28. PL 3: sing Hom 28c. INJ 1	ACE OF D  S G Re  URY AT RK?  YES 2	GIVEN IN	Part I.  Peck only o  6 Onthe  28d. DE  PASS  IMPO  28I. Loc  City  Rout	24a. WAS A PERFC  PERFC	N AUTOPSY RIMED? 2 NO STION STION STION A and Number ), POO	reetcureo uto/ or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Auto/Auto  Route Number,
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions of the condition	DUE TO  DUE TO  DUE TO  Contributing to  COSPITAL:  Inpetiant 2  26a. DATE OF  04/11/ 26a. PLACE Of  building.	(OR AS A CONSECTION OF THE CON	DOA 28b. TIM 1813 3:30	F):  F):  OTHER 4   Num E OF UNRY IP M  ettreet, fector	28. PL 1: sing Hom 28c. INJ 1	ACE OF D  S G ROUSE  RY  RY  S 2 X  and place	given in EATH (Ch	Part I.  seck only of 6 onther  28d. DE PASS  28l. Loc City  Rout  to the ce	24a. WAS A PERFC  PERFC	N AUTOPSY RMED? 2 NO STIGNA STIGNA And Number 1, POO	reet SURED uto/ or Rural F lesv ed.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Auto/Auto  Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions of the condition	DUE TO  DUE TO  DUE TO  Contributing to  COSPITAL:  Inpetiant 2  26a. DATE OF  04/11/ 26a. PLACE Of  building.	(OR AS A CONSECTION OF THE CON	DOA 28b. TIM 1813 3:30	F):  F):  OTHER 4   Num E OF UNRY IP M  ettreet, fector	28. PL 1: sing Hom 28c. INJ 1	ACE OF D  o 5 Re URY AT RK? rES 2 X  and place	given in EATH (Ch	Part I.  seck only o  6 other  28d. De  Pass  Impa  28l. Cor  Cor  Rout  to the ce	24a. WAS A PERFC  PERFC	N AUTOPSY RRMED? 2 No STION STION STION And Number 1 POO	reet CURED uto/ or Rural F lesv ed.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Auto/Auto  Auto/Auto  Auto/Auto  Auto/Auto  Auto/Auto  Auto/Auto
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funeral director, the filled in by 1 cremation, or completely burial, the attending physician and Mental Hygiene prior to burn certificate be thas been signed by the Dept. of Health and Man 23 shows any Inj requires that MB this certificate h the DIRECTOR: After to hours after death litem 28 is mar HOSPITAL DR ATTENDING TO THE HOSPITAL DR ATTO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If item 2 ROLL 73.14% 2/03/1964 4 100205689

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN FRANK Andrew ROBI. APRIL 9,1992 9:45 p.m. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Feb. 3, 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 1 M 2 F 88 213-03-1504 YRS. 1904 Md . Se. FACILITY NAME (If not institution, give street end number) 96. CITY TOWN OR LOCATION OF DEATH Bc. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore city 1 X YES 2 NO BY FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3126 Fait Avenue 21224 S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ₹NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Amhrein Pie Co, 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname Joseph Robl Rittenber Ann BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Harry W. Grauling Sr. 2207 Searles Rd. Balto. Md. 20e. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Oak Lawn Cemetery 4 Donation 5 Other (Specify) 4/13 Balto. 21. SIGNATURE OF FUNERAL SERVICE VICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 7110 Sollers Point Road Balto. Md. 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse of each line. Approximate **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition\_ Anoxic brain 3 days resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Arrhy Brady Zyrs CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate ceuse. Enter UNDERLYING Aspiration neumonia 3 days CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 -NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Linpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 🗆 Nun ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CENTIFIE 29c LICENSE NUMBER BE Proces 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) hristopher 600 NWolfe St Balt 21205 DESICO MO APR 14 1992 31. DATE FILED (Month, Day, Year)

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Concelly Funeral one of Juneals 7110 Sollers Point has also. W.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memail Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MAI	RYLAND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last) MARIE ROS				2. DATE OF DEATH MONTH	AY YEA	seed to		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 ☐ F	GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Morith, Day, Yber)	6. BI	RTHPLACE (State or Foreign arryland		
TOR	9a. FACILITY NAME (If not institution, give street and number)  Harbor Hospital Center  RESIDENCE OF DECEDENT	9c, COUNTY O	F OEATH						
DIREC	Maryland Anne Arundel	en Burn				10d. INSIDE CITY LIMITS? 1  YES 2 K NO			
BY FUNERAL DIRECTOR	840 North Shore Drive,	10f.	ZIP COOE 2106	50	10g. CITIZEN OF WHAT COUNTRY? USA				
	11. MARITAL STATUS  1 Nover Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVEN FORCES? 1 FYES, GIVE WAR (	YES 2 X NO	If yes, spe	ENDENT OF HISPA Helfy Cuban, Maxies 2 X NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, atc.) y:	a or No-  14. RACE — American Indian, Black, White, etc.  Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8th Grade  College (1-4 or 5 +)	18a. DECEDENT'S U (Glive kind of we life. Do NOT use Music St	ork done during mos retired.)	it of working		siness/industr	Y		
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank B	lahut			ME (First, Middle, Maiden				
TO E	Mr. Frank Rosso, Sr.	840 N	lorth Sh	ore Driv	Aoute Number, City or Tow /e, Glen Bi	n. State, Zip Code) urnie, N	dd. 21060		
4 Donation a Other (Specify) Cedar Hill Cemetery 4/10/9						ltimore	Maryland		
	McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225						/n Md. 21225		
	23. PART1. Ental tha diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition a. Due to (or as a consequence of):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  b. De cubit is user (fect + Sacrum)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algorificant conditions contributing to deal /hurti - n-front cl	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in its clement a Old Cerviero - view curs a accident							
IAN: N	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEATH (Ch	nck anh and		1 VES 2 NO		
PHYSICIAN:	EXAMINER?  1   YES 2   NO   1   Inpatiant 2   ER/  27. MANNER OF DEATH   28e. DATE OF INJU	Outpatient 3 DOA	OTHER:	5 Residence	8 Other (Specify)				
BY Ph	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		RY WOR	RY AT IK? ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
	3 Sulcide 8 Could not be detarmined 28s. PLACE OF IN. building, etc.	URY — Al home, farm, atr Specify)	eel, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my leading one)  2 MEDICAL EXAMINER: On the basis of examinations of examinations of the basis of examinations of exam	nowledge, death occurred	at the time, data a	and place, and due	to the cruse(s) and mar- time, data and place, an	ner as stated.	e(s) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  105 H HOUSE STAKE - WAKE	Sor Hospin	re	29c. LICENSE NUM	IBER		ED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	Print)	OVER	57. 44		21230		
	31. DATE FILED (Month, Day, Year)  APR 14 1992  APR 14 1992	IGNATURE ME			17/30	1 - 1	, 0,00		



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. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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92 10359 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Crescentia D. 2. DATE OF DEATH 1 2/92 3. TIME OF DEATH CE/ 9 07 UH 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 86 07 1 M 2 11-08-1905 Baltimore. Md Se. FACILITY NAME (If not institution, give s CHURCH HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY BY FUNERAL DIRECTOR N/A RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6116 Belair Road 21206 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Home Maker 8th Grade Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Schisler Christina (Unknown) 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty Smoot 4616 Furley Avenue, Baltimore, Maryland 21206 20a. METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE netery, cremetory or other place)
Moreland Memorial 4/15 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. m allen 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximats ahock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) SICK STWW Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO

i. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: No inpetient 2 - ER/Outpetient 3 - 1		26. PLACE OF DEATH (Check only one)  OTHER: 4   Nursing Home 5   Residence 6   Other (Specify)	
17. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	b. TIME OF INJURY M	28c, INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify)			281. LOCATION (Street and Number or Rural Route Number City or Town, State)

2 \_\_\_ MEDICAL\_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

GNATURE AND TITLE OF CERTIFIER
TO SEPT WIGHT MAN 29c. LICENSE NUMBER 40903

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Quist IN N. BROADWAY 4530 CHURCH MALTO 31 DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE - www. won-fandere



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Maryland

8. BIRTHPLACE (State or Foreign

YEAR

9c. COUNTY OF DEATH

U.S.A.

16b. KINO OF BUSINESS/INDUSTRY

Construction

24a. WAS AN AUTOPSY

YES 2 NO

Ellicott City, Maryland 21043

20c. LOCATION --- City or Town, State

Baltimore, Maryland

ANN ARUNDEL

10g. CITIZEN OF WHAT COUNTRY?

1992

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 TES 2 1 NO

White

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REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 10/7/1915

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Specify

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physici	1.24 hours after death. Page 6 may be retained by the hospital or attending physic
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	y filled in by the funeral director, page 5 should be detached for use as the burial-
within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ttion, or removal.
ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

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PHYSICIAN:

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25. WAS CASE REFERRED TO MEDICAL

5 Pending investigation

8 Could not be determined

1 X YES 2 □ NO 27. MANNER OF DEATH 1 Natural

2 Accident
3 Suicide
4 Homicide

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) Samson SAMPSON MARCELLUS SLACUM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 220 10 6958 1 🕅 M 2 🗆 F 76 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH BROOKLYN DIRECTOR 202 CRESSWELL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE Maryland Anne Arundel Baltimore FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 202 Cresswell Road 21225 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 1 Never Married 2 X Married 1 TES 2 1 NO BY 3 Widowed 4 Divorced 16e. OECEDENT'S USUAL OCCUPATION

Third of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Carpenter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Edward Slacum Gertrude BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 2 Margaret O'Neil 5426 Kerger Road 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 1 Burial 2 Cremation 3 Removal from State cemetery, cremetory or other Cedar Hill Cemetery Donation 5 C Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. The 23/PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) WOULD OF HEAD CONTACT disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO

Approximata Interval Between

**Onset and Death** 

			28. PLACE OF DEATH (CI	heck only one)			
OSPITAL: Inpatient 2 ER/Outpatient	3 🗆 DOA	OTHE 4   Nu	R: rsing Home \$\int X\text{Residence}	8 Cher (Specify)			
28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED			
04-11-1992	3	M	1 YES 2 NO	SELF-IN-FLICTED GUN SHOT WOUR			
28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)			tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
HOME				02 CRESSWELL, BROOKLYN, MD			

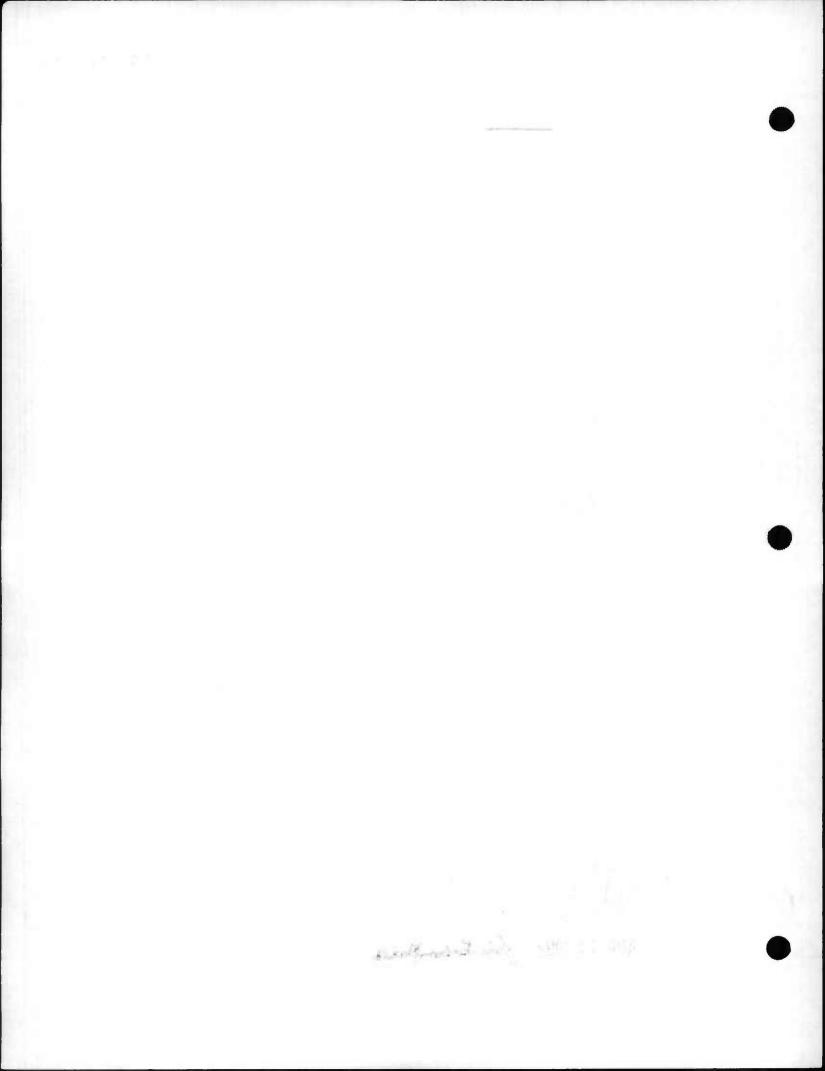
29e. CERTIFIER (Check only one)	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated.
	2 X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the companies of

	2 X MEDICAL EXAMINER: C	On the basis of	examination and	f/or investigation, in my opinion, d	eath occured at the time, date end place, er	nd due to the ceuse(e) end menner ee stated.
196 BIGNATI	THE AND THE OF CENTIFIER	0			29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

Just Balling 18	O.C.M.E	4-12-1992
NAME AND ADDRESS OF PERSON WHO COMPLETED CADDE OF DEATH (ITEM 27) (Type, Print)		

F. GOLLE, 111 N. PENN ST. BALTIMORE, MARYLAND 21201 MARIO

DHMH-16 Rev 1/89



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND ME	ENTAL HYGIENE	26	10361
	1. DECEDENT'S NAME (First, Middle, Last)	- 1			2	DATE OF DEATH		3. TIME OF DEATN
	Eunice	Slay ma	M			DY DE		00:24 a. m
	4. SOCIAL SECURITY NUMBER	1/		IF UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	8. BIRT	NPLACE (State or Foreign
		1 □ M 2 (X(F 8(	YRS.	ONTHS DAYS	HOURS MIN.	2-25-1912	WVA	**
or	9e. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN (	R LOCATION OF DEAT	N	9c. COUNTY OF E	DEATH
DIRECTOR	Baltismore county	General Hos	pital	Randal	lstown		Baltimo	re Co
JEC.	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TON			10d. INSIDE CITY
ā	Maryland							LIMITS?
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
i N	Cherrywood Nurs						USA	
3	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		ENDENT OF NISPANIC scify Cuban, Mexican, F		or No.— 14. RAC Blac	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Specify:	SOURCE STATE OF TH	Spec	"ite
8	16. DECEDENT'S EDUCA		18a. DECEDENT'S U	SUAL OCCUPATION	)N	16b, KIND OF BUSI		
4	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life, Do NOT use	rk done during mo retired.)	st of working			
MP		8022.1 (2.37.1)						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAME	(First, Middle, Maiden S	Sumame)	
BE	Little Bill Mc Ca	uley			Bertie			
2	19a. INFORMANT'S NAME (Type/Print) Esther Johnson		19b. MAILING A	DDRESS (Street a	nd Number or Rural Rou	te Number, City or Town.	State, Zip Code)	
	20a. METHOD OF DISPOSITION	I ans	014054400047505					
	1 Burial 2 Cremation 3 Remov	rel from State   Come	PLACE AND DATE OF othery, crematory or other		me or	DATE 20c. LOC	ATION — City or To	own, State
	21 SIGNATURE OF FUNERAL SERVICE LICE		ade, Dir	22. NAME AN	O ADDRESS OF FACIL	TY State	Anatom	v Board
	July 11 ///	10	14/92	655 W	. Baltimon			
1	23. PART I. Enter the diseases, or co	mplications that caused	the death. Do no	t enter the mo	de of dving, such a	e cardiac or manin	etony ornat	LAcceptant
	anock, or neart fellure. Li	at only one ceuse on ea	ch line.					Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Perfora DUE TO JOHAS A	n ted	DAME	el with	Decition	itic	Onset and Death
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):		00 4111	Tarior	1113	<u> </u>
Z		and	Sep	Sis				
SE I	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF					
2	CAUSE (Disease or injury c.	DUE TO (OD AS A	CONSEQUENCE OF):					
CERTIFICATION	that initiated events resulting in death) LAST	00E 10 (0R AS A	CONSEQUENCE OF):					
B	d.							
AL	PART II. Other aignificant conditions	contributing to deeth bu	it not resulting in	the underlying	cause given in Par	rt i. 24s, WAS AN A PERFORM		WERE AUTOPSY FINDINGS
OC	Diabotes m					1 TYES 2		COMPLETION OF CAUSE OF DEATH?
ME	Corondy aftery	diseuse				-		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Check			
H	27. MANNER OF DEATH	28s, DATE OF INJURY	28b. TIME		JRY AT 26	d. DESCRIBE NOW IN.	JURY OCCUREO	
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUE	WO WO	RK? ES 2 NO			
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Specia	At home, ferm, stre	et, fectory, office	26	If. LOCATION (Street an	d Number or Flural I	Route Number,
=	4 Homicide determined	and topoca	"			City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my knowle	dge, death occurred	at the time, date	and place, and due to	the cause(e) and mann	or an stated,	
OM		On the basis of exemination						) and manner as stated.
	29b. SIGNATURE AND TITLE CERTIFUR	O 0			29c. LICENSE NUMBE	R	29d. DATE SIGNED	(Month, Day, Year)
O BE	Lange	D W.D		0	D3888		<ul><li>4/</li></ul>	9/92
2	30. NAME AND ADDRESS OF PERSON WHO				1	4 11		
		TALIB,	Baltin	rupe Cou	unty Ger	ere Ho	pital	
	APR 14 1992	182 REGISTRAR'S SIGNA	fandelle					
	WL I/ + # 1995	1	1					



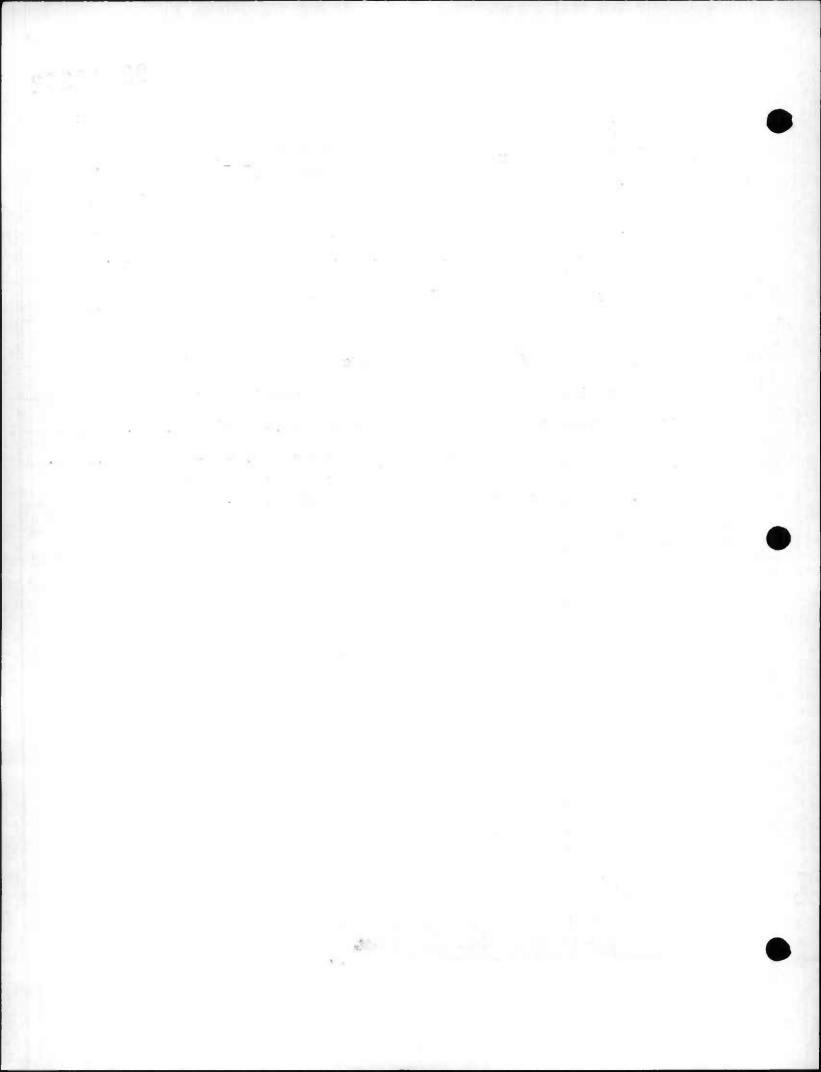
1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			OLITI IO	ATE OF DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	1	Schmid	1 _	2. DATE O	DAY	YEAR 3. TIME OF DEA				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE			(A)		997 113				
	214-110-846-	1 M 2 DEF		UNDER 1 YEAR IF UNDER 24 HR	. (Month,	Day, Year)	8. BIRTNPLACE (State or I Country)				
ı	9a. FACILITY NAME (If not institution, give s		. 0	CITY, TOWN OR LOCATION OF	5-8-		Va.				
۳ ا	C 1 1/10 11	spitzel		Bu Wimo		1.4					
5	RESIDENCE OF DECEDENT				LE.		N/A				
DIRECTOR	10a, STATE 10b, COUNT	Y		OWN OR LOCATION			10d. INSIDE CIT LIMITS?				
	100. STREET AND NUMBER	N/A	Bal	timore		100-00-	1 TYES 2				
FUNERAL	29/2	P Banson	Avenue	21.	23	10g. CITI	ZEN OF WHAT COUNTRY?				
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF NIS	PANIC ORIGIN?		14. RACE — American Inc				
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES NO	If yes, specify Cuban, Ma 1 YES 2 NO Sp		can, etc.)	Black, White, etc. Specify:				
ED B	15. DECEDENT'S EDU	I CATION					White				
	(Specify only highest grade	completed)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of working	16b.	KIND OF BUSINESS/IND	USTRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housev			BT / A					
COMPL	17. FATHER'S NAME (First, Middle, Last)	N/A	1101115		NAME (First, M	iddle, Maiden Surname)					
W	Thomas Milby	r		Zeno	hia M	assev					
10 B	19a, INFORMANT'S NAME (Type/Print)		196, MAILINO ADI	DRESS (Street and Number or Ru			Code)				
-	William Schmid	Lt	2918 1	Benson Ave.	-Balt	imore. M	ld 21229				
1	20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Ram	ioval from State CA	b. PLACE AND DATE OF D	ISPOSITION (Name of place)	DATE	20c. LOCATION —	City or Town, State				
	Buriel 2   Cremetton 3   Removel from State   Commetton, cremetory, cremeto										
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		5151 Balt	FACILITY	Nationa	7 Pike				
	G. Truman Schwab  G. Truman Schwab  G. Truman Schwab  Schwab  Schwab  G. Truman Schwab  Schwab										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c.	A CONSEQUENCE OF):	y Botery M.	seun	9	5 ye				
E	resulting in death) LAST	d									
- 1	PART II. Other algnificent condition	is contributing to death	but not regulting in th	he underlying cause given	In Part I.	24a. WAS AN AUTOPSY	24b, WERE AUTOPSY				
EDICAL	PART II. Other eignificent condition	ns contributing to death	but not reaulting in the	he underlying cause given		24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY AMILABLE PRIOR COMPLETION OF OF DEATH?				
MEDICAL	PART II. Other algnificent condition	e contributing to death	but not resulting in th	he underlying cause given		PERFORMED?	AMILABLE PRIOR				
MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH		PERFORMED?  1 YES 2 NO	AMILABLE PRIOR COMPLETION OF OF DEATH?				
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 1 10	HOSPITAL:	0		(Check only one	PERFORMED?  1 YES 2 NO	AMILABLE PRIOR COMPLETION OF OF DEATH?				
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO TO TO TO TO TO TO TO TO TO TO TO TO	HOSPITAL:	0	26. PLACE OF DEATH THER: Nursing Nome 5 Rasiden F 26c, INJURY AT WORK?	(Check only one	PERFORMED?  1 YES 2 NO	AMALABLE PRIOR COMPLETION OF OF DEATH? 1  YES 2				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO  27. MANNER OF DEATH  1 Netural 5 Pending  2 Accident Investigation	HOSPITAL: 1 Tinpetlent 2 ER/Out 26a. DATE OF INJURY (Month, Dey, Year)	Spetient 3 DOA 4 DOA 26b. TIME OF	26. PLACE OF DEATH THER: Nursing Nome 5 Residen F 26c, INJURY AT WORK? M 1 YES 2 NO	(Check only one ce 6 🗆 Other 28d. OESC	PERFORMED?  1 YES 2 NO  (Specify)  RIBE HOW INJURY OCC	AMALABLE PRIOR COMPLETION OF OF DEATHY 1  Yes 2				
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1 Tinpetlent 2 ER/Out 26a. DATE OF INJURY (Month, Dey, Year)	Ipetient 3 DOA 4 DOA 4 DOA NUMBER OF INJURY	26. PLACE OF DEATH THER: Nursing Nome 5 Residen F 26c, INJURY AT WORK? M 1 YES 2 NO	(Check only one) ce 6 Other 28d. OESC	PERFORMED?  1 VE\$ 2 NO  (Specify)	AMALABLE PRIOR COMPLETION OF OF DEATHY 1  Yes 2				
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Nitural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	HOSPITAL:  1 inpatient 2 inpat	petient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DO	26. PLACE OF DEATH THER: Nursing Nome 5 Rasiden F, 28c. INJURY AT WORK? M 1 YES 2 NO	(Check only one) ce 6 Other 28d. OESC 28t. LOCA City of	PERFORMED?  1 YES 2 NO  (Specify)  RIBE HOW INJURY OCC  TION (Street and Number Town, State)	AMAILABLE PRIOR COMPLETION OF OF DEATHY  1  YES 2   CURED  Or Rural Route Number,				
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Nifural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL:  1 Tinpatiant 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Spe	Ipetient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 D	26. PLACE OF DEATH THER: Nursing Nome 5 Rasiden F, 26c. INJURY AT WORK? M 1 YES 2 NO N, factory, office	(Check only one) ce 6 Other 28d. OESC 28t. LOCA City of	PERFORMED?  1 YES 2 NO  (Specify)  RIBE HOW INJURY OCC  TION (Street and Number Town, State)	AMAILABLE PRIOR COMPLETION OF OF DEATHY  1  YES 2   CURED  Or Rural Route Number, ed.				
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Timpstlant 2 ER/Out  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Spo	Ipetient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 D	26. PLACE OF DEATH THER: Nursing Nome 5	(Check only one  28d. OESC  28t. LOCA City of	PERFORMED?  1 YES 2 NO  (Specify)  RIBE HOW INJURY OCC  TION (Street and Number Town, State)	AMAILABLE PRIOR COMPLETION OF OF DEATHY  1  YES 2   CURED  Or Rural Route Number, ed.				
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Nifural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL:  1 Timpstlant 2 ER/Out  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Spo	Ipetient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 D	26. PLACE OF DEATH THER: Nursing Nome 5 Rasiden F, 26c. INJURY AT WORK? M 1 YES 2 NO N, factory, office	(Check only one  28d. OESC  28t. LOCA City of	PERFORMED?  1 YES 2 NO  (Specify)  RIBE HOW INJURY OCC  TRON (Street and Number Town, State)	AMAILABLE PRIOR COMPLETION OF OF DEATHY  1  YES 2   CURED  Or Rural Route Number, ed.				
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Nitural 5   Pending Investigation 3   Suicide 6   Could not be detarmined  29a. CERTIFIER (Check only One) 2   MEDICAL EXAMINIT	HOSPITAL:  1 Timpstant 2 ER/Out  28e. DATE OF thJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spr.  ICIAN: To the best of my known  ER: On the basis of examinetic	Patient 3 DOA 4 DO	26. PLACE OF DEATH THER: Nursing Nome 5   Rasiden F   28c. INJURY AT WORK? M   1   YES 2   NO M, fectory, office	(Check only one  28d. OESC  28t. LOCA City of	PERFORMED?  1 YES 2 NO  (Specify)  RIBE HOW INJURY OCC  TRON (Street and Number Town, State)	AMALABLE PRIOR COMPLETION OF OF DEATH!  1  YES 2   CURED  Or Rural Route Number, ed. e cause(a) and menner as				
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Nitural 5   Pending Investigation 3   Suicide 6   Could not be detarmined  29a. CERTIFIER (Check only One) 2   MEDICAL EXAMINIT	HOSPITAL:  1 Timpstlant 2 ER/Out  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Spo	Patient 3 DOA 4 DO	26. PLACE OF DEATH THER: Nursing Nome 5   Rasiden F   28c. INJURY AT WORK? M   1   YES 2   NO M, fectory, office  It the time, data and placa, and n my opinion, death occured at 29c. LICENSE	(Check only one ce 6 Other 28d, OESC City of due to the cause the time, data a NUMBER 2	PERFORMED?  1 YES 2 NO  (Specify)  RIBE HOW INJURY OCC  TRON (Street and Number Town, State)	AMAILABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2   CURED  Or Rural Route Number,  ed. e cause(a) and menner as E SIGNED (Month, Day, Year)				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JOHNIE LENWOOD

1X M 2 F

5. SEX

(JOHN)

4. SOCIAL SECURITY NUMBER

244-12-5014

1 -

3. TIME OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH

Month pay Your) 5

09

PERFORMED?

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OF	and the same of
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
2	-

funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE DIRECTOR CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE CITY FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 2000 ODELL AVENUE APT 1313 21237 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+)
NOT KNOWN NOT KNOWN MAINTENANCE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) NOT KNOWN PENNIAH SULLIVAN BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GEORGE C. BAYER 7862 ST. BRIDGET LANE 2 20s. METHOD OF DISPOSITION
1) Burlal 2 Cremetton 3 1
4 Donation 6 Other (Specify) METHOD OF DISPOSITION
Burlel 2 Cremetion 3 Res 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must GARRISON FUREST CEM. 4-14-92 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DUDA-RUCK FÜNERAL HOME OF DUNDALK INC. Dear 7922 WISE AVENUE in by the for removal. medicai 23. PART I. Enter the disessea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert fellure. List only one cause on each line. completely filled in rial, cremation, or filled **IMMEDIATE CAUSE (Final** the disease or condition ARTERIOSCLEROTIC CARDIOVASCULAR resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION attending physician and Sequentially list conditions, Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): prior to / the attending physical displays of Mental Hygiene p or other DUE TO (OR AS A CONSEQUENCE OF): reaulting in desth) LAST Injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY been signed by the pt. of Health and R. shows any 1 TES 2 NO certificate has been the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL: YES 2 NO 1 Inpetient 2 X ER/Outpetient 3 I DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 this certifi 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural Accident 5 Pending Investigation TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After thi be filed within 72 hours after death wi IMPORTANT: If Item 28 is marki 1 YES 2 ND ВY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and mariner as stated. tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner se stated. 29c. LICENSE NUMBER BE O.C.M.E. 2 COMPLETED CAUSE OF DEATH (NEW 27) (Type, Print) JR. WD 11 PENN STREET, BALTIMORE, MARYLAND 21201 MAKIO 31. DATE FILED Month, Day, Year, APR 14 32: REGISTRIAN TO ANALYSIS OF THE STATE OF T

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

SULLIVAN

YRS.

MONTHS

6. AGE (In yrs. lest birthday)

76

92 YEAR 1:40 P B. BIRTHPLACE (State or Foreign NORTH CAROLINA 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: WHITE AMBASSADOR APARTMENTS BALTIMORE, MARYLAND 21222 20c. LOCATION — City or Town, State OWINGS MILLS: MARYLAND DUNDALK MD Interval Batwean Onset and Death PISTASE 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, CATE SIGNED (Month, Day, Year) **▶**04/10/92

DHMH-16 Rev 1/89

h = 2H = 1 = 4.

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Approximete Interval Between Onset end Deeth

OF DEATH?

TO BE COMPLETED BY FUNERAL DIRECTOR

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNECTOR: After this certificate has been grouped by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-bransit permit. Pages 1, 2, 3 should	a rygierie prior to dental, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
es that the death certificate be executed within 24	gned by the attending physician and completely fil	in the state begt, of health and memai hygrene prior to bund, cremation, or removal.	s any injury, or other traumatic event, the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requi	RAL DIRECTOR: After this certificate has been s	De med within /2 hours after death with the state bept. of h	MPORTANT: If item 28 is marked, or item 23 show
TO THE HOS	TO THE FUNI	De Thed with	IMPORTAN

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1 - FOR STATE REGISTRAR		STATE OF I	MARYL		DEPAR					MENTAI	HYGIEN	_		
1. DECEDENT'S NAME (First, M.	iddle, Leat									2. DATE	OF DEATH			TIME OF DEATH
4		MA	RGA	RET	D.	SCH	JLT	Z		MONTH	4-1	0-0	TEAR .	6 A
4. SOCIAL SECURITY NUMBER	00	5. SEX 1 M 2 SF	6. AGE	(In yrs. les	YRS.	IF UNDER	DAYS	HOURS	MIN.	(Month	DE BIRTH Day, Year	9	BIRTHPL Country)	ACE (State or Foreign
9a. FACILITY NAME (If not ineth St. JOSEPH F	103P1		20 40	RKR	D.	TAU	150/L	M LOCATI	ON OF D	EATH		Bc. COUN	ALT	н
RESIDENCE OF DECE	Ob. COUNTY	1			10c, CIT	Y, TOWN O	B LOCA	TION					140	d. INSIDE CITY
MD.	]	BALTIMO	RE						'OWS	ON				LIMITS?
10e. STREET AND NUMBER							10	f. ZIP COD	-			10g. CITIZ	EN OF WHA	T COUNTRY?
611 SEABE	ROOK									204			U.S.	Α.
11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, OIVE V			MED NO	1	f yes, sp	ENDENT Cubicity Cubic	n, Mexica	in, Puerto F	? (Specify Yer lican, etc.)	or No—	14. RACE — Black, W Specify:	American Indian, Thite, etc.
15. DECED (Specify only hi	ENT'S EDUC			(G	CEDENT'S	vork done d			na	16b.	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12 1 2	)	College (1-4 or 5	+)	lile.	OUSE	e retired.)			•		OWN	ном	E	
17. FATHER'S NAME (First, Middle	in, Last)							18. MOTI	HER'S NA	ME (First, N	liddle, Meiden	Surname)		
GEROGE DES	SCH							MAF	RGAR	ET I	DIDUS	CH		
19e. INFORMANT'S NAME (Type	/Print)			190	. MAILINO	ADDRESS	(Street a	and Number	or Rural I	Route Numb	er, City or Tow	n, State, Zip	Code)	
HAROLD R.	SCH	JLTZ			611	SEA	BRO	OK F	ROAD	)				
20a. METHOD OF DISPOSITION 1 Burlel 21 Cremation	3 🗆 Remo	oval from State	cen	netery, cre	AND DATE O	ther place)	- 1-3			DATE			ity or Town,	CARTES
4 Donation 5 Other (Sp 21, Signature of Funeral S		ENGE	- I G	REE	N MT			ATOF		/13	BA	LTIM	ORE,	MD. 2120
► R. 77	Ru	ENSEE				H	ENI		. J	ENKI	NS A			
23. PART I. Enter the dise	esee, or c	complications the	t course	d the de	eth Do n	ot enter	90	OY C	RK	ROAD	· , BA	LTIMO	ORE, N	ID.21212
shock, or heer	t fellure.	Liet only one ceu	se on e	ech line		iot eiliei	tile inc	de or dy	mg, euc	n ee ceru	iec or reepi	ratory erre	est,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)		INT	RAC	EIS	BR	AL	Hen	mor	RM	445				Onset end Deets
Tooding in docting	•				DUENCE OF	. /								
		HY	PER	TEI	1510	$\sim$								[
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	te	DUE TO	(OR AS A	CONSEC	DUENCE OF	ን:								
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		DUE TO	(OR AS A	CONSEC	OVENCE OF	7):								
PART II. Other significent	condition	s contributing to	deeth b	out not n	eoulting i	n the un	derlyin	g cause (	given in	Part I.	24a. WAS AN PERFOR	MED?	AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE

					1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF OEATH (CR:		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. OESCRIBE HOW INJURY OCCURE	D
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	tory, office	281. LOCATION (Street and Number or Ri City or Town, State)	ural Route Number,

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ENDANCIS TEXTON



TO THE MOSFIGAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlate filled within 72 hours after death with the State Dept. of Health and Memtal Hygiens prior to burlate command. Ceremonal.	the definition of the control of the
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1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH									3. TIME OF DEATH					
	George M. Schemm SR.								MONTH 4 DAY 12 42 12:46					
	of Act (in yrs. last birthday) in owder t team in owder 24.						24 HRS. MIN.	7. DATE OF BIRTH (Month, Dey, Year) July 23, 1927 Maryland			y)			
	De. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y. TOWN	OR LOCATI	ON OF DE	-		INTY OF D		
œ	Francis Sco			1 Cent	er			re C			50.000		LAIII	
6	RESIDENCE OF DEC		-	-										
Ä	10e. STATE	10b. COUNTY	r			TY, TOWN							10d. INSIDE CITY	
FUNERAL DIRECTOR	Maryland				Bal	.timo	re (	City					LIMITS?	
¥	10e. STREET AND NUMBER	01					10	. ZIP COD	_		10g. CIT	IZEN OF W	HAT COUNTRY?	
9	5 S. Janney	Stree	T					2122	4		Un	ited	States	
三	11. MARITAL STATUS 1 Never Married 2	Manager 4	12. WAS DECEDEN	T EVER IN U.S		13.				IC ORIGIN? (Specify Von, Puerto Rican, etc.)	s or No-	14. RACE	- American Indian, White, etc.	
BY	3 🖾 Widowed 4 🗌 Divo		IF YES, GIVE V	WAR OR DATES				2 1 NO				Speci		
	15. DEC	EDENT'S EDU	CATION 2		. DECEDENT'S	LICHAL C	COLIDATIO	ON		16b. KIND OF BI	10111500 1111	0110700	WILLE	
	(Specify only	y highest grade	completed)		(Give kind of	work done	during mo	ost of working	ng	160. KIND OF BI	JSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	*) B	ox Sli					Paper	Box F	acto	ry	
Š.	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NAI	WE (First, Middle, Meide	Surname)			
BE C	Charles E.	Schem	m					Hel	en M	arie Conl	ee			
2	19a. INFORMANT'S NAME (7)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								Number, City or To			100	
	William Sch			Parame					en B	urnie, Ma	_			
	1 Donation 5 Differential	n 3 🗆 Rem	oval from State	cemetery	ceand date crematory or dar Hi	other place			4/1	1	ole 1 ven			
	21. SIGNATURE OF FUNETICE	T SHIVICE LIC	BYSEE	00	dar III			ND ADDRE			Brooklyn Pk., A.A., MD			
- 1	* 1. W	allo	11	0						ck Funera				
$\dashv$	23 PART I Fotor the di	l ook	omplications the		doub Do	4	21 (	rain	Hwy	., S.E. G	len B	urni	e, MD 21061	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, abock, or heart failure. List only one cause on each line.  Approximate interval Between													
	IMMEDIATE CAUSE (Final disease or condition													
	disease or condition resulting in death)  a. Right Heart Failure  Oue to (or as a consequence of):													
Z			COPT										į į	
CERTIFICATION	Sequentially list conditi if any, leading to immed	diata	DUE TO	(OR AS A CON	ISEOUENCE C	HT):								
2	cause. Enter UNDERLY! CAUSE (Disease or inju		c	(OR AS A CON	ISECUENCE C	ND.								
Ē	that initiated events resulting in death) LAS	т		(On AS A CON	ISEOUENCE C	rrj:								
			0											
MEDICAL	PART II. Other algnifice					In the u	nderlyin	g cause (	given in i	Part I. 24e. WAS AI	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	Squamo	rs cell	lung (	aruno	ma					1 YES 2 THO			COMPLETION OF CAUSE OF DEATH?	
F							_			1 - YES 2 -HO				
ž														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)				
YS	1 TES 2 THO		1 Limpationt 2			4 🗆 Nu	nsing Hon		sidence	6 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5	Pending	26e. DATE OF (Month, D	lay, Ybar)	28b. TIR	JURY		PRK?		28d. DEŞCRIBE HOW	INJURY OC	CURED		
BY	2 - Rutolde	Investigation	28e, PLACE O	LGL FINJURY - A	home form	etrant for		YES 2	TNO	201 1 00471011 (01-11	and \$1			
		Could not be determined	building,	etc. (Specify)	, 11011re, 1811111,	street, sac	tory, orne	•		281, LOCATION (Street City or Town, Stells		r or Hurel H	oure Number,	
281. LOCATION (Street and Number of Rural Route City or Town, Steet)  292. CERTIFIER (Check only One)  293. Suicide  4														
OM I													and menner as stated.	
	296. SIGNATURE AND TAN	CENTIFIES	1			_			NSE NUM		29d. DAT	_	(March, Dwc. War)	
O BE	Heria	BA	MY						63	1 -	14	+113	199	
٩	30. NAME AND ADDRESS OF	PERSON WHI	COMPLE ED CAU	SE OF DEATH (	(TEM 27) (Type	s. Print)	1	4 /	1				gle.	
	31. DATE FILED (Month, Day	45	topky	> 9	FV	C	KI	Ted	u	me.				
	APR 14 1992	gu gu	his Davidson	-Mande	6		V							

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Pages 1, 2, 3

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31. DATE FILED (Month, Day, Year)

14 1992

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	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in i hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	400	- F
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92 10366 Item: 19b, per F.H. G-686 4/20/92 reb 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH April 9, DAY W. 1992 AR Peter Seibel 8:00 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year)
Nov. 10, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 84 YRS. 051-07-3688 HOURS 1 2 M 2 | F New York 1907 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7483 C. Furnace Branch Rd. DIRECTOR Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7483 C Furnace Branch Rd. 21060 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-It yea, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMEO 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 YES 2 NO Specify: Specify: 3 Nidowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EOUCATION 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 8 Machinist Automotive once. 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) ā William Seibel BE Christine Brethane notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) U.C. 2 Arlene Novitske 109 N. Charter Rd., Glen Burnie, Maryland 21060 90 20e. METHOD OF DISPOSITION

1 
Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Gienfre Haveher Mem. Pk. 4 Donation 8 Other (Specify) 4/11/92 Glen Burnie, A.A., MD examiner 21. SIGNATURE OF FUNERAL-BETTY CE LICENS 22. NAME AND ACCRESS OF FACILITY
Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E. Glen Burnie, MD 21061 medicai 23. PART i. Enter the diseases, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or heart failure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disesse or condition event. resulting in death) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST 0 PART II. Ophor significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS sexten any AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO t. of Heals 1 YES 2 NO has be Dept. 23 si PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL certificate har the State D 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 1 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 80 ETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: A bours after d 8 Could not be 4 Homicide 29e. CERTIFIER

#Thank note: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner se stated. COMPL TO THE FUNERAL I be filed within 72 h IMPORTANT: If It 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Attender Doctor yune April 9, 1992 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE POREATH (ITEM 27) (Type, Print)

Chackumkal Cyriac, 1600 Crain Hwy., S.W., Glen Burnie, MD 21061

32. REGISTRAR'S SIGNATURE he Davidson Rendere



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its part death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERGL PRECIDE. After this certificate has been stopined by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the bunal-transit permit for filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to bunial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIE	NE	12 10367	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	LICE TO SERVICE TO SER	YEAR 3. TIME OF DEATH	
	JOHN S			IITH, SI		04 (	)6 9	92   6:15 PM M	
	232 26 6587	5. SEX 6. AGE (I		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give st			IN CITY TOWN O	P I OCATION OF D	Nov. 20,	1921	West Virginia	
TOR	NORTH ARUNDEL HOSPITAL ASSOCIATION  BESIDENCE OF DECEMENT  Se. COUNTY OF DEATH  Se. COUNTY OF DEATH  A.A. CO								
DIRECTOR	2	e Arundel	10c. CITY,	TOWN OR LOCAT	Pasad	ena		10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	8234 Bodkin Av	e.		101	ZIP CODE	122		ed States	
B	11. MARITAL STATUS 1 Never Married 2 Married  STATWIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR OA WOLLD WALL	2 NO	If yes, spi		NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y:	es or No.— 1	4. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  Coffege (1-4 or 5+)	Ille. Do NOT use i	k done during mo retired.)	ON st of working	16b. KIND OF B			
MP	9		A Opera	duor			nt Comp	pany	
BE CC	17. FATHER'S NAME (First, Middle, Last) Walter	В. 3	Smith		Minnie	ME (First, Middle, Melde Millie J	. Hi	ixenbaugh	
2	190. INFORMANT'S NAME (Type/Print) Lucille A. Smith	Hysell	19b. MAILING AI 8234	Bodkin	Ave., Pa	Route Number, City or To sadena, M	own, State, Zip C	21122	
20e. METHOD OF DISPOSITION  1X Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other piace)  Glen Haven Memorial Park 4/9/92 Glen Burn								ty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN MCCU1	D ADDRESS OF FA		f Pasac	dena	
	23. PART I. Enter/the diseases, or of shock, or heart failure.	complications that caused Liat only one cause on as	the death. Do not	enter the mo	de of dying, auc	h as cerdiac or rea	piratory erres	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Kusti	-ale	2 4	nos.	elso		Onset and Death	
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ICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	> Cared	CONSEQUENCE OF):	مهركو					
CERTIFICATION	that initiated events resulting in death) LAST	d	CONSEQUENCE OF):		)				
AL C	PART II. Other aignificant condition	a contributing to death be	it not resulting in	the underlying	cause given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA	Chare le	+ Discor	2				PRMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ä									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIJAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
IXSI	1 YES 2 NO	1 Tripatient 2 ER/Outpo	itlent 3 DOA 4	☐ Nursing Home		6 Other (Specify)			
ву Рь	27. MANNER OF DEATH  1 Meters 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	M 1 WO	RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, fectory, office		26f. LOCATION (Stree City or Town, Steff	t and Number or e)	Rural Route Number,	
COMPLET		CIAN: To the best of my knowle R: On the besis of examination						l. ceuse(s) end manner es atated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Loon I	M		29c. LICENSE NUN	ABER 53	29d, DATE \$	BIGNED (Mogth, Day, Year)	
1	DR. ROBERT KROOPN				GLEN BUR	RNIE, MD.	21061	VIII -	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA							
	APR 14 1992 Ju	nia Nevidson-Rand	10						

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	FICATE OF	DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	FRANCES	NMN		SIDEBOTT	OM	044TH 15	2 <sup>v</sup> 9 <sup>vz</sup>	9:03 PM "				
	4. SOCIAL SECURITY NUMBER 273-10-7872	5. SEX 6	AGE (In yrs. lest birthde	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-13-17	B. Bif Cor OH	RITHPLACE (State or Foreign unitry)				
TOR	96. FACILITY NAME (If not institution, give st NORTH ARUNDEL HO		SOCIATION		BURNIE		9c. COUNTY OF	COUNTY				
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY		10c. (	CITY, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?				
		ARUNDEL	G	LEN BURN				1 TYES 2 NO				
FUNERAL	100. STREET AND NUMBER 519 STEWART AVE.			1	21061		U.S.A	F WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes, s		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	Bi	ACE — American Indian, leck, White, atc. pecify: WHITE				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind life. Do NO	T'S USUAL OCCUPAT of work done during n T use retired.)	ION ost of working		BUSINESS/INDUSTRY					
M	17. FATHER'S NAME (First, Middle, Lest)	NONE	INSP	ECTOR	I fire in the second							
BE CC	ANTON WISNIEWSKI					IIA GORSKI	City or Town, State, Zip Code)					
2	190. INFORMANT'S NAME (Typo/Print) PAT JACKSON		1									
	20e. METHOD OF DISPOSITION  1 IX Burlet 2 Cremetion 3 Removal from State  Competer Cremetor of other place)  DATE  20c. LOCATION — City or Town, State											
	4 Donestion 8 Dother (Specify)  GLEN HAVEN MEMORIAL PARK 4-15-92 GLEN BURNIE, MD  21. SIGNATURE OF FUNCTION FUNCTION FUNCTION  SINGLETON FUNCTION  22. NAME AND ADDRESS OF FACILITY  SINGLETON FUNCTION  SINGLETON FUNCTION											
	· Stered 1	3 1/h	son					E, MD 21061				
LION	23. PART I. Enter the diseases, or cashock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE	atic h			Pr reapiratory arrest, Approximate Interval Between Onset and Daath					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE	OF):								
2												
N: MEDICAL	PART II. Other significant conditions	econtributing to di	eth but not resulting	g in the underlyli	ng cause given in	Pert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	LACE OF DEATH (Ch	eck only one)						
PHYSICIAN:	1 YES 2 NO	1 Inpetient 2 E	R/Outpatient 3 DO/		me 5 - Residence	8 Other (Specify)						
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY Year) 28b. 1	INJURY W	JURY AT ORK? YES 2 NO	28d. DEȘCRIBE HOW I	NJURY OCCURED					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home, farr 2. (Specify)	n, atreet, factory, off	ce	28f. LOCATION (Street a City or Town, Stete)		al Route Number,				
COMPLETED						to the cause(s) end mar time, date and place, en		e(e) end menner se stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	ey MD	ATTENS	IAN.	DHO5			S P Z				
٩	DR.MAHESH S. OCI	HANEY, M.	O. /7575 RI	rpe, Print) TCHIE HI	GHWAY SE/	GLEN BURN	E, MD 2	1061				
	APR 14 19		Jakks An		-							

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF		HEALTH AND I	MENTAL HYGIENE	9	2 10369			
1	1. DECEDENT'S NAME (First, Middle, Last) EDWA		ILLIP	SPR	JCEBANK	2. DATE OF DEATH DAY		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  219-16-6837  90. FACILITY NAME (If not institution, give	1 XM 2 F	AGE (In yrs. lest birthday) 67 YRS.		HOURS MIN.		MA 9c. COUNTY OF	RYLAND			
L DIRECTOR	FRANCES SCOTT K RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  10a. STREET AND NUMBER		10c. C11	BALT  TY, TOWN OR LOC  INTHICU	М	(		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO WHAT COUNTRY?			
DT FUNERAL	17 CIRCLE DR.  11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 X IF YES, GIVE WAF W. W.	YES 2 NO OR DATES	If yee,	21990 ECENDENT OF HISPAN apacity Cuban, Mexical ES 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)					
DE COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Lest) HOWARD SPRUCEBA	College (1-4 or 5+)   NONE   POLICEMAN   BALTIMORE CITY									
2	196. INFORMANT'S NAME (Type/Print)  SHIRLEY A. SPRUCEBANK  17 CIRCLE DR. LINTHICUM, MD 21090  206. METHOD OF DISPOSITION 10. Burlei 2 Cermation 3 Removal from State 4 Donation 5 Open (Specify)  21. SIGNATURE OF DISPOSITION FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061										
		a. Or Own	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significent condition	one contributing to d	eeth but not resulting	In the underly	ring cause given in		MED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
The state of the s		HOSPITAL:  1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  26a. DATE OF INJURY (Month, Dey, Year)   26b. TIME OF INJURY AT WORK?  Investigation   28a. PLACE OF INJURY — At home, farm, street, factory, office   29f. LOCATION (Street and Number or Rural Route Number, State)									
IO DE COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Monin, Day, Year)										
	APR 14 1992	Julia Ju	lie Devidoon-R	mdattle	1						

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BALTIMORE, MARYLAND 21215-0000

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flowrs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE FUNER HE FUNER Ted within 7

	FOR STATE REGISTRAR		STATE OF N		/ DEPAR					MENT		GIEN	E 9	2	10370		
	1. DECEDENT'S NAME (First	M.				RNEF	2			MO	TE OF DI	EATH DA	Y (	92	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUME  218-05-6518  9a. FACILITY NAME (# not in	3	5, SEX 1 M 2	6. AGE (In yrs.		MONTH		IF UNDER	MIN.	02/17/17			7	8. BIRTH Count MAR	HPLACE (State or Foreign ry) YLAND		
TOR	HARBOR RESIDENCE OF DEC	HOSP	ITAL	CENT	ER		7 LT			CI'	TY		9c. COU	A	EATH		
DIRECTOR	10e. STATE MD	ANNE	ARUNDEL		10c. CIT		OR LOCA	TION							10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 404 HOMEWOO	D ROAI	)					1090	Ε	10g. CITIZEN OF WHAT			4.5				
B⊀	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Merried	12. WAS DECEDEN	YES 2 X	NO	15	WAS DEC	ENDENT (	ın, Maxica	ANIC ORIGIN? (Specify Yea or No— 14. RACI			14. RACE	E — American Indian, k, White, etc.			
COMPLETED		EDENT'S EDUC highest grade	College (1-4 or 5 +	)	Give kind of ite. Do NOT u.	work done se retired.	during ma	st of working	ng				JSINESS/INDUSTRY				
OM	17. FATHER'S NAME (First, M	iddle, Last)	NONE		AFETE	RIA	WORK		HER'S NA					PUBI	LIC SCHOOLS		
BE C	JOSEPH		SVEC								t, miluure,	waxen:	sumame)				
TO E	19.4 INFORMANT'S NAME (ACCOUNT)																
	20e. METHOD OF DISPOSITION  1																
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE 2/	Se.		22	NAME AN	D ADDRE	FUNI	CILITY ERAI	. но	ME					
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	sent ranute. I	Clat only one ceu	caused tha caused tha caused tha caused tha caused tha caused that caused the caused that caused the caused that c	16.		r tha mo	de of dy	ing, suci	h ss ca	irdisc o	r respir	atory an	rest,	MD 21061 Approximats Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or Inju- that initieted events resulting in death) LAS	diate NG ry	DUE TO	or as a consi	EOUENCE OF	7: 	non	itis									
PHYSICIAN: MEDICAL C	PART II. Other significa	nt condition						) ceuee g	given in	Pert I.	W	YES 2		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:			OTHE	R:	ACE OF DI									
/ PHYS	27. MANNER OF DEATH	Pending	28a, DATE OF (Month, Da	NJURY	28b. TIM			URY AT					JURY OCC	CURED			
TED BY	3 Suicide 8 G	nvestigation Could not be latermined	28a. PLACE OF building, o	INJURY — At hote. (Specify)	ome, farm, s			ES 2	NO	281. LO	CATION (	(Street ar	nd Number	or Rural A	oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFIER   MEDIC	FYING PHYSIC	IAN: To the best of st.	πy knowledge, d	leath occurre	d at the	time, data	and place,	and due	to the c	suse(e) e	nd manr	due to the	ed,	end menner ee stated,		
TO BE C	296, SIGNATURE AND TITLE Pupulle	OF CERTIFIER	cham)	мо					NSE NUM		pica				(Month, Day, Year)		
	30. NAME AND ADDRESS OF PUNITH F 31. DATE FILED (Month. Pay, y	i h	COMPLETED CAUS  LULIAN  32. REGISTRAF	1 L	EM 27) (Type,	Print)	Н	ARBO	DR	Ho	S PI	î A		CEN	JTER		

## CTATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL

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	1 - STATE REGISTRAR	SIMIE UF I	CE	RTIF	ICATE	OF	DEAT	TH I	MENIA	REG. NO		<u>_</u>	103/1				
	1. DECEDENT'S NAME (First, Middle, Lest)								0.000	OF DEATH	AY	YEAR	3. TIME OF DEATH				
	Harold	L.	Tappe						Apr	il 9,	199	2	11:15 p. m				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	t YEAR	HOURS	24 HRS. MIN.	(Mont	OF BIRTH	044	Country					
	233-03-0458  9a. FACILITY NAME (If not institution, give s	-	80	THS.	AL OUT	TOWN	0.40047	ON OF DE	0ct	. 1, 1	911		Virginia				
E	5120 HarfordRoa				90. CITY			nore			9c. COU	NTY OF DI	EATH				
CTC	RESIDENCE OF DECEDENT							nor e	CIC	У							
DIRECTOR	Maryland 106. COUNT	Υ		10c. CIT	Y, TOWN C								10d. INSIDE CITY LIMITS?				
1	100. STREET AND NUMBER			-			ZIP CODI	nore	Cit	У	100 CIT	ZEN OF W	1 YES 2 NO				
ER/	5120 HarfordRoa	ıd							1214				States				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. ARM	(ED				F HISPAN	IC ORIGI	1? (Specify Yes			- American Indian, White, etc.				
ВУ	1 Never Herried 2 Merried 3 X Widowed 4 Divorced		MAR OR DATES	0				Specify		Rican, etc.)		Specif	v:				
	15. DECEDENT'S EDU		16a, DEC	EDENT'S	USUAL O	CCUPATIO	N .		165	KIND OF BU	White						
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gh	n kind of	work done se retired.)	during mos	st of working	ng .	1	THE OF BO	311123371111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
MPL	8		F	act	ory V	Vorke	er		1	Tobacco	o Ind	lustr	y				
	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAM		Middle, Maiden	,						
8	George T	appe	100							<u>Inknowr</u>							
2	Wilmer Coe									ber, City or Tow			04044				
	20a. METHOD OF DISPOSITION		20b. PLACE A					) Bo	OAT		CATION —		21214 wn, State				
	1 Donation 5 Other (Specify)		cemetery, crem			ce (	Corp	4-	11-9	2	Tows	on	Maryland				
	21. SIGNATURE OF FUNERAL SERVICE U	Milto		-	- 00			SS OF FAC	YTLIK								
Leonard J. Ruck, Inc. 5305 Harford R																	
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications un List only one ca	t caused the dea	th. Do	not enter	the mod	de of dyi	ing, auch	aa Can	diac or reap	ratory ar	rast,	Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition		Inbo	180	i	A	~	11					Onset and Death				
	resulting in death)	e	(OR AS A CONSEC			- '4	ry	1hn_	-								
_	COPD																
6	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):																
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO	(OR AS A CONSEC	HENCE O	n.												
CERTIFICATION	that initiated events resulting in death) LAST	302 10	(ON AS A CONSEC	DENCE O	r):												
8	PART II Other elgelifered condition	a											1				
PHYSICIAN: MEDICAL	PART II. Other algorificant condition		death but not re	sulting	In the un	derlying	Cause 9	given in i	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
	Deme									1   YES 2	□ NO		OF DEATH?				
2		70100											1 YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Che	ick only or	10)							
YSI	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Re	aldence	8 🗆 Othe	r (Specify)							
	27. MANNER OF OEATH  1 Netural 5 Pending	28a. DATE Of (Month, I		28b. TIN	IE OF JURY	28c. INJU	RK?		28d. DES	CRIBE HOW I	NJURY OC	CURED					
BY	2 Accident Investigation	28e, PLACE (	F INJURY — At hom	ne. ferm.			ES 2	NO	281 1 00	ATION (Street a	and Mumba	or Russi B	auto Mirabar				
	4 Homicide 6 Could not be detarmined	building	atc. (Specify)			ory, ornica				or Town, State)	ing rightour	or nurai n	odie Namosi,				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of	my knowledge, dee	th occurr	ed at the ti	me, deta	and place	and due	to the car	use(s) and mar	mer en ete	lad					
MO	One) 2 MEDICAL EXAMINE												and manner as stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R						NSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)				
TO B		160	W_				J	7 3	146	4	•	4)	10/92				
	30. NAME AND ADDRESS OF PERSON WH					D - 1	4 4		Maria	.1							
	Dr. Shoiab Ha\$hn  31. DATE FILED (Month, Day, Year)		N. Eutav	V STY	eet	Ral	t1mo	re,	Mary	land							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trangit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3. TIME OF DEATH

2. DATE OF OBATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

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P.O. BOX 68760,	COCCUTAL OD ATTENDIAL DELACIONAL TIL COCCUTAL DELACTOR
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DIVISION OF VITAL RECORDS, P.O.	Á
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	219 50.19	6 1 1 M 2 □ F	4		NTHS DAY		MIN.	(Month, Day, Year)	47	Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution	on, give street end number)		96	CITY, TOW	N OR LOCATIO	N OF DEAT	///4/	9c. COU	V11	ginia
СТОВ	Liberty Med	dical Center			Balt	imore	Cit	У	- 11		
EC		COUNTY		10c. CITY, TO	OWN OR LO	CATION				Т.	ad mining aire
DIRE	Maryland	Baltimore Co	ount.v		imor						Od. INSIDE CITY LIMITS?  YES 2 X NO
3AL	10e. STREET AND NUMBER		4			10f. ZIP CODE			10g. CIT		AT COUNTRY?
FUNERA	814 - 5th A					2122			_	S.A.	
BY	11. MARITAL STATUS  1 X Never Merried 2 Merrie 3 Vidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	RMED NO	If yes,	specify Cuban.	HISPANIC , Maxican, P Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No	14. RACE Black, N Specify:	American Indian, White, etc.
ETED	(Specify only highe	T'S EDUCATION est grade completed)	16	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relited.)  16b. KIND Of					BUSINESS/INDUSTRY		
COMPLE	12th Grade	College (1-4 or 5 +)	///e						Employed		
Ö	17. FATHER'S NAME (First, Middle, I	Last)				18. MOTNE	ER'S NAME	(First, Middle, Meider		2	
BE (		George M.	Williar	ns		1	Maggi	e L. Hal	1		
0	19e. INFORMANT'S NAME (Type/Pri		19	19b. MAILING ADDRESS (Street and Number or Aural Acute Number, City or Town, State, Zip Code) 7804 Bridge Drive Baltimore, Maryland 21226							
	Frank Holtmar	1					В	altimore	, Mar	yland	21226
	1 & Buriel 2 Cremation 3   4 Donetion 5 Other (Specia	☐ Removal from State	cemetery, cre	AND DATE OF DI	Macal					City or Town	
	21. SIGNATURE OF FUNERAL SER		T Weado	wridge	Memo	orial F	ark	4/10 Ba	1timc	ore, M	aryland
	· 0-				Geo:	rge J.	Gonc	e Funera			
	23 PART. Enter the disease	e ma	nuse	ushi	400	Ritch	nie H	wy. Balt	imore	Md.	21225
	23. PART Enter the disease ahock, or heert for	ellure. List only one ceus	e on each line	eth. Do not e	inter the i	node of dyin	g, auch e	a cerdiac or resp	iratory arr	rest,	Approximata interval Between
	disease or condition	Sma		one		A					Onaet and Death
l	reaulting in death)	DUE TO (C	OR AS A CONSEC	DUENCE OF):	1	2021	4011	cn			48
CATION	Sequentially list conditions,	PSO	rigt	ic o	7171	inti	S				11.5
E I	If any, leading to immediate cause. Enter UNDERLYING										112
CERTIFICATION	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST chemotherapy for psonesis										
	PART II. Other algorificent conditions contributing to death but not securities to the unit of										
MEDICAL	PART II. Other algorificent conditions contributing to deeth but not resulting in-the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  AWALABLE PRIOR TO										
ă	Septicenia Performed?  1 Ves 2 NO COMPLETION OF CAUSE OF DEATH?										IMPLETION OF CAUSE
	0									YES 2	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI	ICAL									
SICI	EXAMINER?	HOSPITAL:	ED/Output		HER:	PLACE OF OEA					
Ĕ	27. MANNED-OF DEATH	26e. DATE OF IN	JURY	26b. TIME OF		NJURY AT	V	Other (Specify)	N.IIIBY OCC	TIBED	
8¥ P	1 Netural 5 Pending 2 Accident Investig		Year)	INJURY	. \	VORK?		si vegonibe non	NOON! OCC	OHED	
0 1	3 Suicide 6 Could	not be 28e. PLACE OF building, et	INJURY At hor	me, farm, straet	factory, of	lice	261	LOCATION (Street	end Number	or Rural Rout	e Number,
ETE	4 Homicide determi	Ined						City or Town, State)			
릴	29e. CERTIFIER (Check only one)	PHYSICIAN: To the beat of m	y knowledge, das	ath occurred at	the time, da	ta and place, a	nd due to ti	he cause(a) and mai	ner ee state	ed.	
COMPL	2 MEDICAL E	KAMINER: On the basis of axas	mination and/or is	nveatigation, in	my opinion	death occured	at the time	, date end place, en	d due to the	e ceuse(e) an	d manner ee stated.
NE NE	29b. SIGNATURE AND TITLE OF CE					29c. LICENS	SE NUMBER		29d. DATE	SIGNED (M)	onth, Day, Year)
s IL	30. NAME AND ADDRESS OF PERS	LIACEM	OF OF ATT #TE			DI	550	03		41	6192
	AMATUH  31. DATE FILED (Month, Day, Year)	H MHE	EM, E	501 L	olp	hin s	it, E	Balto, N	1D 2	1121	7-
	App 4	92 Julia Ja									
		0	The second	STATE OF THE PARTY							DHMN-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Sammy K. Williams Williams



FOR STATE REGISTRAR

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is merked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First								MON	E OF DEATH	DAY	YEAR					
			helma			ENHE	IM		Apr.	12,	1992	2	1:10 a				
	4. SOCIAL SECURITY NUMBER 218-03-010	)9	1 🗆 M 2 💯 F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH th, Day, Year) 0-24-2	0	8. BIRTH Countr	MID				
OR	90. FACILITY NAME (# not h Franklin	Square	Hospital	L				DR LOCATION OF D	EATH			imor					
DIRECT	RESIDENCE OF DEC	10b. COUNT	Baltin	nore	10c. CIT	Y, TOWN O	R LOCAT	Rose	dale				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	2100 Summi						101	21237			10g. CI1	USA	WHAT COUNTRY?				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 WA	MED		yes, sp	ENDENT OF HISPAL ecity Cuben, Mexico NO Specif	xican, Puerto Rican, etc.) Black,			E - American Indian, k, White, etc.					
BE COMPLETED	15, DEC (Specify onl Elementary/Secondary (6 12	y highest grade 0-12)	CATION completed) College (1-4 or 5+)	(G	CEDENT'S IVE kind of the NOT us Guar	se retired.)	CUPATE luring mo	ON st of working	Women's State Pr			rison					
ECON	17. FATHER'S NAME (First, A Christoph	ner C.	Fells					18. MOTHER'S NA Ida Wi	AME (First,	Middle, Maide			. 20012				
20	I.eroy F.	Wanger	heim	190	MAILING	ADDRESS	(Street a	nd Number or Aural	Balt	nber, City or To	wn, State, Zi 212	-					
	20e. METHOD OF DISPOSIT 1 Description   Desc	ION on 3 🗆 Rem	oval from State	20b. PLACE A cometery, cre- Gan	MAD DATE	of bisposi	TION (NE		1-15-		Balto. MD						
	21. SIGNATURE OF PUNERA	. \	ENSEE	1		22. 1	NAME A	ID ADDRESS OF FA	CILITY		al Home						
	23. PART I. Enter the d	Mes A	complications that	dused the de	ath Do r								Approximate				
N	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	Pneumonia  Due to (or as a consequence of):															
EHILICALIC	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):																
4: MEDICAL CERTIFICATION	Chronic (Coronary	Obstruc	ctive Pulr	nonary	Disea	in the und	derlyin	g cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 XND  24b. WERE AUTOPSY FINDING TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
AN	25. WAS CASE REFERRED T	O MEDICAL					26 PI	ACE OF DEATH (Ch	anck only o	200							
2	EXAMINER?		HOSPITAL:	FR/Outpetient 3	_ noa	OTHER	:										
PHTSICIAN:	27. MANNER OF DEATH	Pending	28e. DATE OF II (Month, De)	NJURY	28b. TIM		28c. INJ WO	e 5 Residence URY AT RK? /ES 2 ND		SCRIBE HOW	INJURY OC	CURED					
ED BY	3 Suicide a	Investigation Could not be determined	28a. PLACE OF building, or	INJURY — At horac. (Specify)	me, farm, s	street, facto			28f. LOI City	CATION (Street or Town, State	and Numbe	or Rural R	loute Number,				
COMPLETED			CIAN: To the best of s										) and manner as stated.				
u o	29b. SIGNATURE AND TITLE		18tec	Dhile			(.D.	29c. LICENSE NUI	MBER			TE SIGNED	(Month, Day, Year)				
2	Peter White						are	Dr., Ba	lto.	, 2123							
	31. DATE FILED (Month, Day, APR 14 1		32. REGISTRAR	'S SIGNATURE													
	4 1		D.		1								DHMM. 18 Day 1				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF MA	RYLAND / DEPAR	TMENT OF HEALTH AN	D MENTA	AI HYGIFA		< 1	0374		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	CATE OF DEATH		REG. NO	)	YEAR	TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	G. STEWAR'  AGE (In yrs. lest birthday)		Di		,		950 AM		
	212-10-2895	1 🔀M 2 🗆 F	75 YRS.	MONTHS DAYS HOURS MIN	MAR	** 18,1	017	Country)	OURI		
TOR	90. FACILITY NAME (If not institution, give: THE UNION MEMORI		L	BALTIMORE CITY			9c. COUNT	Y OF CEAT	н		
DIRECTOR	RESIDENCE OF DECEDENT  106. STATE  106. COUNT	TY	10c. CITY	TOWN OR LOCATION BALTIMORE, C	ידייע			to	I. INSIDE CITY LIMITS?		
	10a. STREET AND NUMBER			101. ZIP CODE	,111				YES 2 NO		
FUNERAL	700 WEST 40t				211		10g. CITIZE	U.S.	COUNTRY?		
1	11. MARITAL STATUS	12. WAS DECEDENT ET	VER IN D.S. ARMED	13. WAS RECENDENT OF HIS	PANIC ORIGI	N? (Specify Ye	American Indian				
D BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		It yes, specify Cuben, Mei 1 TYES 2 Y NO Sp	xican, Puerto ecily:	Specify:			NHITE		
15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 168. KIND OF BUSINESS/INDUSTRY											
I de	12	3	BAI	NKER		BANK	ING				
Ö	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)										
BE (	GEOGRE H. WEBB. GEORGE H. WEBB JULIA DONOLD JULIET DONALD										
10	G.STEWART WEBB JR.  19b. MAILING ADORESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code) 2 CHARLCOTE PLACE BALTIMORE, MD. 21218										
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND OATE Of Cometery, Cremetery or off	F DISPOSITION (Name of CREMATORY 4	/1.2 /d	7E 20c L0	CATION — CH	y or Town,	State State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	OKEDN III	22. NAME AND AODRESS OF	FACILITY	JZ DA.	DITMO	KE, P	10.21202		
7	· Edwar M	4. Leiki	m.	HENRY W. J 4905 YORK	ROAD	BAT.	TIMOR	E.MI	.21212		
	Intervel B  Intervel B  Intervel B  Onset and  Intervel B  Onset and								Approximate Intervel Between Onset and Death		
_	DUE TO (OR AS A CONSEQUENCE OF):										
ō	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
E	If any, leading to immediate			:							
FICATI		ASC									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ASC	VD.								
ᅙ	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	:	In Part I.	24a WAS AN		24b. WEI	RE AUTOPSY FINDINGS		
ᅙ	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	:	In Part I.		MED?	CO	RE AUTOPSY PINDINGS ILABLE PRIOR TO PPLETION OF CAUSE DEATH?		
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	:	In Part I.	PERFOR	MED?	AVA COI OF	APLETION OF CAUSE		
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR	AS A CONSEQUENCE OF	: the underlying ceuse given		1 TYES 2	MED?	AVA COI OF	ILABLE PRIOR TO APLETION OF CAUSE DEATH?		
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	DUE TO (OR d	AS A CONSEQUENCE OF	the underlying ceuse given 26. PLACE OF OEATH (	Check only or	PERCOR  1 VES 2	MED?	AVA COI OF	ILABLE PRIOR TO APLETION OF CAUSE DEATH?		
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (OR  d.  HOSPITAL: 1   Impatient 2   ER	AS A CONSEQUENCE OF the but not resulting in t	26. NJURY AT	Check only or	PERCOR  1 VES 2	MED?	AVA COI OF	ILABLE PRIOR TO APLETION OF CAUSE DEATH?		
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OR d	AS A CONSEQUENCE OF oth but not resulting in	26. NJURY AT	Check only or	PERFOR	MED?	AVA COI OF	ILABLE PRIOR TO APLETION OF CAUSE DEATH?		
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR  d.  HOSPITAL:  1 Ø Inputient 2 □ ER  28a. OATE OF INJI (Month., Day, Y	AS A CONSEQUENCE OF the but not resulting in t	26. PLACE OF OEATH ( OTHER: 4   Nursing Home 5   Residence OF WORK? M 1   YES 2   NO	Check only or see 8 Other 28d. OEs	PERFOR	NO NO	AMA COI OF 1	ILABLE PRIOR TO PPLETION OF CAUSE DEATH?		
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR  d.  HOSPITAL:  1 Pinpatient 2 ER  28a. OATE OF INJ. (Month, Day, Y.)  28b. PLACE OF IN. building, etc.	AS A CONSEQUENCE OF the but not resulting less than the but no	26. PLACE OF OEATH OOTHER: 4   Nursing Home 5   Residence OF WORK? Y M 1   YES 2   NO rest, lectory, office	Check only or 6 Othe 28d. OEt 28t. LOC City	PERCOR  1 YES 2  No (Specify)  SCRIBE HOW II  ATION (Street a or Town, State)	NJURY OCCUI	COO OF 1	Number,		
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR  d.  A CONTributing to dec  a contributing to dec  a Contributing to dec  a Contributing to dec  a Contributing to dec  a Contributing to dec  a Contributing to dec  a Contributing to dec  a Contributing to dec	AS A CONSEQUENCE OF the but not resulting less than the but no	26. PLACE OF OEATH ( OTHER: 4   Nursing Home 5   Residence OF 28c. INJURY AT WORK? M 1   YES 2   NO reaet, lectory, office	28d. OEs  28d. Coly  28t. LOC  City  tue to the certifie time, date	PERCOR  1 YES 2  No (Specify)  SCRIBE HOW II  ATION (Street a or Town, State)	NJURY OCCUI	COO OF 1 1 C	Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR  d	AS A CONSEQUENCE OF Sth but not resulting in the but not resulting in t	26. PLACE OF OEATH ( OTHER: 6   Nursing Home 5   Residence OF 28c. INJURY AT WORK? M 1   YES 2   NO reet, lectory, office	28d. OEs  28d. Coly  28t. LOC  City  tue to the certifie time, date	PERCOR  1 YES 2  No (Specify)  SCRIBE HOW II  ATION (Street a or Town, State)	NJURY OCCUI	COO OF 1 1 C	Number,		
E COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (OR  d	AS A CONSEQUENCE OF Sth but not resulting in the but not resulting in t	26. PLACE OF OEATH ( OTHER: 6   Nursing Home 5   Residence OF 28c. INJURY AT WORK? M 1   YES 2   NO reet, lectory, office	28d. OEs  28d. Coly  28t. LOC  City  tue to the certifie time, date	PERCOR  1 YES 2  No (Specify)  SCRIBE HOW II  ATION (Street a or Town, State)	NJURY OCCUI	COO OF 1 1 C	Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR  d	AS A CONSEQUENCE OF Sth but not resulting in the but not resulting in t	26. PLACE OF OEATH ( OTHER: 6   Nursing Home 5   Residence OF 28c. INJURY AT WORK? M 1   YES 2   NO reet, lectory, office	28d. OEs  28d. Coly  28t. LOC  City  tue to the certifie time, date	PERCOR  1 YES 2  No (Specify)  SCRIBE HOW II  ATION (Street a or Town, State)	NJURY OCCUI	COO OF 1 1 C	Number,		



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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex-	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician at	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	IMPORTENT If Hem 28 is marked or Hem 23 shows any injury or other traums
	DI	T Q	e fi	9
	-	-	٥	564

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT OF I	HEALTH AND N	MENTAL HYGIE					
	1. OE Street Last) ARNOLD MELVIN WA	ALLACE SR				2. DATE OF DEATH		YEAR 3.	TIME OF DEATH		
	4. SOCIAL SECU. NUMBER  578-38-8906  9a. FACILITY NAME (If not institution, give stre	1×2 M 2 DF 69	rrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	23	Woods	CE (State or Foreign Ville, Va		
STOR	WASHINGTON ADVEN			Takoma	Park	ATN	1 .	y of deat Mont	N		
L DIRECTOR	Md P	?G		nham					d. INSIDE CITY LIMITS?		
FUNERAL	9003 Varnum St				20706			N OF WHAT	T COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES	2 NO	If yes, sp	ENDENT OF NISPANI ecify Cuban, Mexicen 2 NO Specify:	, Puerto Ricen, atc.)	fea or No 14	Black, Wi Specify:	American Indian, hita.atc. B:Lack		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) 12 Yrs N	College (1-4 or 5+)	(Give kind of willing Do NOT use	USUAL OCCUPATION ork done during more retired.)	est of working	16b. KIND OF E	USINESS/INDUS	STRY			
OM	12 Yrs None Painter (IBM Corp)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)										
BE C											
TO B	10. INFORMANTO NAME (TOTAL)										
-	Rebecca C Wallace Same as 10a,b,c,d,e,&f										
	20b. PLACE AND DATE OF DISPOSITION  1										
7	· Wajel	Lames	ner	3030	12th St	NE, DC 2	20017				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory strest, shock, or heart fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
AL CER	PART II. Other significent conditions		not resulting in	the underlying	cause given in P		N AUTOPSY		RE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC	Chron	Rospinson	toty	farly	ne.	1   YES	PRMED? 2 ☑ NO	OF I	ILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO		
S		HOSPITAL:		26. PL	ACE OF DEATH (Chec	K only one)		1			
14S		1 El inpatient 2 [] ER/Outpatien	H 3 □ DOA	E Nursing Hom	s 5 □ Residence 6	☐ Other (Specify)					
ል▮	1 Metural 9 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Deg. Year) 28s. PLACE OF INJURY A	26b. TIME INJU	M 1 Y	HK7 FES 2 NO	24d. DESCRIBE HOW					
ETED	4 Homicide determined	minung, etc. (species)				281, LOCATION (Street City or Town, State	•)	Rural Route	Number,		
COMPLET	(Check only 1 2 CERTIFYING PHYSICIA	AN: To the beat of my knowledge On the basis of exemination and	s, death occurred d/or investigation,	at the lime, data , in my opinion, de	and place, and due to eath occured at the tie	The cause(a) and m	anner as stated.	ause(s) and	manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	White H	D .		29c. LICENSE NUMB		29d. DATE S				
	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (	(ITEM 27) (Type, F	rine	Road	Laus	el M	0 2	0707.		
	ADD 1 4 1992 fu	32. BEGISTRAR'S SICHATUR	ER								

1		FOR
	-	STATE
		REGISTRAR

1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT ( IFICATE				HYGIEN REG. NO	_				
1. DECEDENT'S NAME (First, Middle, Lest) CHARLES	CHARLESTT	LES THOMAS WRIGHT				2. DATE OF DEATH DAY YEAR ADYII // 92				3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 2130 72810	5. SEX 6. AGE	(In yrs. last birthda	MONTHS C	EAR IF UNDE	R 24 HRS.	7. DATE OF (Month, D	BIRTH		8. BIRTNI Country	PLACE (State or Foreign		
Sa. FACILITY NAME (If not institution, give	street and number)			OWN OR LOCAT	ION OF DE		20		INTY OF DE	EATH		
Good Samaritan		Bal	timore									
10a. STATE 10b. COUNT	10c. 0	CITY, TOWN OR	LOCATION					T	10d. INSIDE CITY LIMITS?			
Maryland Balt	P	arkville					1 TYES 2 X NO					
10e. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?					
2529 Taylor Ave	N U.S.,ARMED	ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year						U.S.A. or No.   14. RACE — American Indian,				
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)						Black, Specify	Black, White, atc. Specify: White			
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					ND OF BU					
Elementary/Secondary (0-12)	College (1-4 or 5+)		cal Ope	rator		Federal Yeast Co.						
17. FATHER'S NAME (First, Middle, Last)		Official	ope	_	HER'S NAM	AE (First, Mide			ast c	0.		
Francis Wrigh	<u>t</u>			A		Boh						
19a. INFORMANT'S NAME (Type/Print)			NO ADORESS (S	treet and Numbe	r or Rural A	oute Number,	City or Tow	n, Statu, Zi				
Thomas A. Wright			9 Taylo		, Bal							
1 Denation 5 Other (Specify)	1 □ Burial 2 □ Cremation 3 □ Removal from State   comptent			AND DATE OF DISPOSITION (Name of product)  TOWSON  AND DATE OF LOCATION  OATE OF LOCATION  TOWSON						on — City or Town, State		
21. SIGNATURE OF FUNERAL SERVICE LI	CENCEE		22. NA	ME AND ADDRE	SS OF FAC	HITY	1.011	0011,	. 10.0			
Roy H. Catl	ather		Leon	ard J. R	uck, Ir	nc.,530	5 Har	ford F	Rd.,Bal	lto.,Md.21214		
								Approximata interval Between Onset and Death				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  METASTATIC ADENOCA  DUE TO (OR AS A CONSEQUENCE OF):  SEPSIS  OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other aignificant condition	na contributing to death b	out not reaultin	g in the unde	riving cause	alven in F	Part i 24	a. WAS AN	AUTOBOV	245	WERE AUTOPSY FINDINGS		
				.,,	PERFOR			MED? AMILABL COMPLET		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
						-	4			1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	26. PLACE OF E	EATH (Chec	ck only one)						
1 TYES 2 NO	1 Inpatient 2 - ER/Outp			Home 5 🗆 R								
27. MANNER OF DEATN  Netural 5 Pending  2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	'	M 1	c. INJURY AT WORK?		28d. OEŞCR	BE HOW I	NJURY OC	CURED			
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							oute Number,					
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  4/11/92												
JANET TALUSAN, GOOD SAMARITAN HOSP., BALTO., MD												
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		4	-	101		111	- 1/				
APR 1	APR 13 1992 Julie Devidson-Rendelle											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNESTAL DIRECTORS. After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit	or mon within 12 hours are updat with the place begin or regular myserie prior to bottal, defined by the medical examiner must be notified at once.
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92 10377 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HELEN ELER. 192 ZINKHAN 4.03 pm 111 64 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) January 20, 1912 B. BIRTHPLACE (State of Foreign DAYS 1 M 2 KF 217-12-6119 Maryland 9a. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR I COATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore ----N/A---RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8114 Dalesford Road 21234 U. S. A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 TYES ZYNO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Housewife own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Edward Watts Anna Hopkins BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 John A. Zinkhan 8114 Dalesford Road Baltimore, MD 20s. METHOD OF DISPOSITION

| Xequiver | 2 | Cremation 3 | Removal from State
4 | Donation 8 | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State cemetery, cremetory or other place)
Moreland Memorial Park 4/14 Parkville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto., MD Johnson Funeral Home 21204 8521 Loch Raven Blvd 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one couse on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition Myscardial arch'm Len 2417 resulting in death) MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED3 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) BE COMPLETED BY

27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY M  28c. INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED						
3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fac	261. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
one) 2 MEDICAL EXAMINE			opinion, death occured at th	e time, date end plac	menner se stated.		
96. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	JMBER	29d. DATE SIGNED (Month, Day Ye		

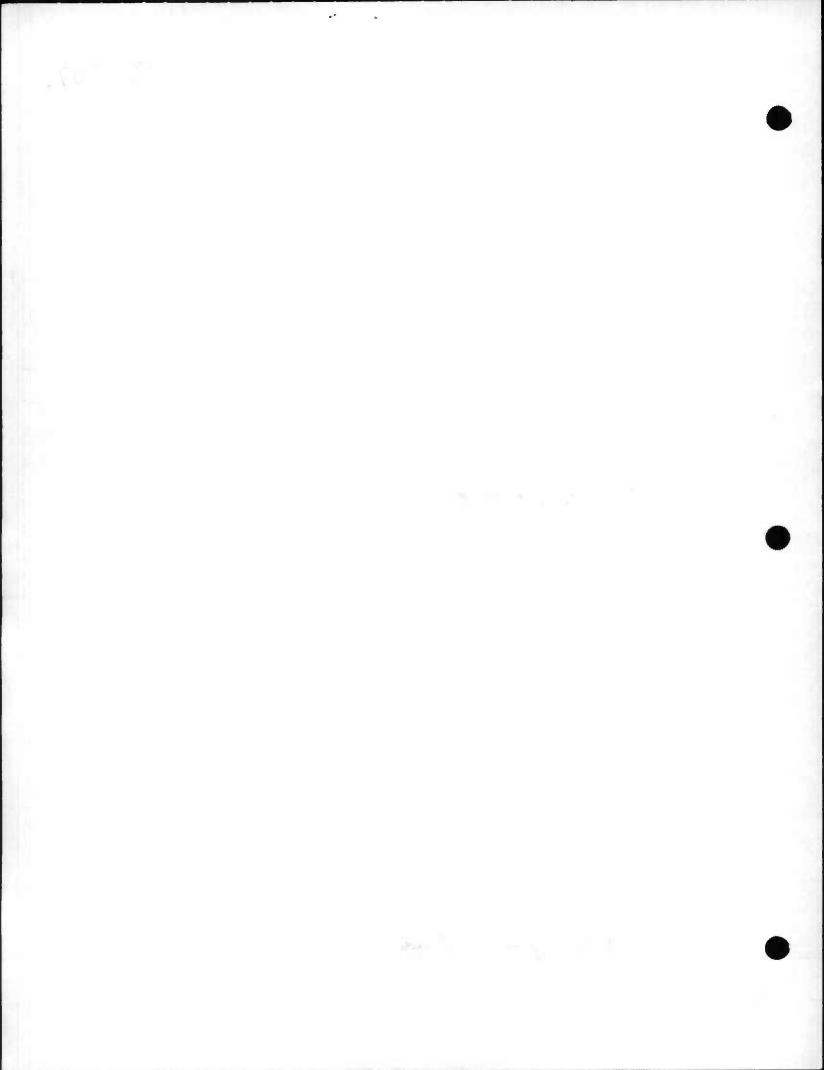
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CITY PA D. BEYSING HE

APR 14 1992

92. REGISTBAR'S SIGNATURE





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR Minnie A. 7	STATE OF MARYL	AND / DE	EPARTMEN TIFICAT	IT OF I	HEALTH DEAT	AND ME	NTAL HYGIEN	_	12	10378	
	t. DECEDENT'S NAME (First, Middle, Last) Minnie ZULKOWSKI						April 9,	1992 YEAR		3. TIME OF DEATH 6 8:40PM		
	4. SOCIAL SECURITY NUMBER 213-03-1710	13-03-1710 10 M2 X F 90			MONTHS DAYS HOURS MIN.		24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) DECEMBER 7,	B. BIRTHPLACE (Star Couptry)			
TOR	9a. FACILITY NAME (If not Institution, give street and number)  Franklin Square Hospital  RESIDENCE OF DECEDENT					altimore				9c. COUNTY OF DEATH Baltimore		
DIRECTOR	10a. STATE 10b. COUNT	STATE 10b. COUNTY			on Loca					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	3 Raylon Drive				10	2123		10g. CITIZEN OF			WHAT COUNTRY?	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  2 Married  3 Midowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2/5/11  IF YES, DIVE WAR OR DATES			1:	If yes, specify Cuban, Mexican, Puerto Rican, etc.)					14. RAC Blac Spec	E — American Indian, k, White, etc.  White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8 Years -	(Give k	ENT'S USUAL Ind of work don NOT use retired 1SEW11	e during mo .)	ON ost of workin	g	Own Home					
BE CO	17. FATHER'S NAME (First, Middle, Last) Herman Borkman	1				1000000		(First, Middle, Melden tta Rad				
10	190. INFORMANT'S NAME (Typo/Print) Carol Vaulina											
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	1 Durisi 2 Cremation 3 Removal from State Complex crematory or other places									·	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Johnson Funeral Home Balto  8521 Loch Raven Blyd.												
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ———————————————————————————————————											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I							rt I. 24s. WAS AN PERFOR	WED?	245	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 34   NO   1   Inpetient 2N   ER/Outpetient 3   DOA   A   Number Name 5   Septiment 3   Other (Specific											
ВУ РНУ	27. MANNER OF DEATH    Netural   5   Pending   Investigation											
ETED	3 Suicide 8 Could not be 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED		ICIAN: To the best of my know ER: On the basia of examination									s) and manner as stated.	
TO BE	29b, SIGNATURE AND TITLE OF CERTIFIE	odani					NSE NUMBE		29d. DAT	E SIONED	(Month, Day, Year) 9-92	
F	30. NAME AND ADDRESS OF PERSON WE		ATHURTEM 27	(Type, Print)	16	POUT	al	-				

Julia Tairidson-Panders

APR 14 1992



DHMH-t6 Rev 1/89

) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit nermit Panes 1.2.3 sevents	ior to burial, cremation, or removal.	d, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traus

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR	RTMENT	OF H	IEALTH	AND I	MENTAL		IE	2	10379
	1. DECEDENT'S NAME (First, Middle, Last)		- Ol		IOAII	- 01	DLA	-	2. DATE C	REG. NO			3. TIME OF DEATH
	Leila Argabr	ight	Leila M.	Arq	abri	aht			MONTH		AY 9-	YEAR	912 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER		IF UNDE	R 24 HRS.	7. DATE O	F BIRTH	-	S. BIRTI	HPLACE (State or Foreign
	220-14-3201	1 🗆 M 2 🖵 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.		Day. Moor)	1926	Count	Maryland
	9a, FACILITY NAME (If not Institution, give	street and number)			9b. CITY	, TOWN C	OR LOCAT	ON OF DE				NTY OF E	
OB	Francis Scot	t Key Hos	spital			B	Altir	nore					
2	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT			100 017	Y, TOWN O	D 1004					1		
DIRECTOR	Md.	BAltimore	5	100.01			Riv	ver					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101	ZIP COD	F			100 CIT	TEN OF	1 YES 24 NO
ER/	10 Gladiobus P	lace					1 704, 165	- 21220	)		109. 01		SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR		13.	WAS DEC	_		VIC ORIGIN?	(Specify Year	or No-		
1	1 Never Married 2 Married		T YES 2 NAR OR DATES	10		If yes, sp	ecify Cubi	m, Maxica Specify	n, Puarto Ri	cen, etc.)		Blac	E — American Indian, k, White, alc.
) BY	3 Widowed 4 Divorced						- 4					0,500	White
E	15. DECEDENT'S EDI (Specify only highest grad	CATION completed)	(G)	ve kind of	USUAL O	CCUPATIO	ON st of worki	ng	16b. I	UND OF BU	SINESS/INI	DUSTRY	
121	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT u	se retired.)				Jo	ohn H	opkir	ns Ho	ospital
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)												
	Oliver F. Car	<b>P</b>					18. MOT		ME (First, Mi		Surname)		
B	19a. INFORMANT'S NAME (Type/Print)	_	104	MAILING	ADDRESS	(Street o	ad Numbo		Route Numbe		- Chan 70	0.41	
2	Joseph Argabr	iaht											21220
	20a. METHOD OF DISPOSITION		20b. PLACEA	NDDATE	OFDISPOS	ITION /Ne	me at	Lacc	DATE		CATION —		
	1 Burial 2 Cremation 3 Ran 4 Donalion 5 Other (Specify)	noval from State	cemetery, creat	KWOC	ther place)	mete	erv	4/17	7/92		Altin		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1					SS OF FA	/				
	Comme VIII	Fune	ral M	Anna 6	, , C	onne	ellyI	uner	calHor	ne 30	OMACE	eAve.	21221
	23. PART I. Enter the diseases, or	complications the	et coused the de	eth. Do	not enter	the mo	de of dy	ing, suci	h as cardio	c Dr reepi	iretory an	reet,	Approximate
	ehock, or heert fattere.	List Dnly Dna Ca	use on each line.							0		ALTER S	Interval Between Onset and Death
	disease or condition resulting in death)	Palm	He Pu	LAN AV	IA	4.00	boln	0					Short and South
		DUE TO	OF AS ACONSECTION OF STATE OF	UENCE O	F): (		Ω	-					
N	Sequentially list conditions,	D			1	MI	lu	m					
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	ENCE O	F):								
임	CAUSE (Disease or injury that initiated events	C. DUE TO	OR AS A CONSEC	HENCE O	5):								
E	resulting in deeth) LAST	1	(or no n consco	OLIVEE O	,.								
빙		d											
MEDICAL	PART II. Other aignificent condition		deeth but not re	esulting	in the un	derlying	cause	given in	Part I. 2	4s. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Theres, Are	MIK,							_	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
×									_				1 TYES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
SCI	EXAMINER?	HOSPITAL:	ER/Outpetient 3		OTHER	R:			ock only one)				
H	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		28c. INJU		sidenca	6 Other (	Specify) RIBE HOW II	N III III OO	CURED	
	1 Natural 5 Pending	(Month, I	Day, Year)	INJ	URY	WO		ON	200. 0240	NIDE HOW I	NJONT OC	CORED	
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE (	F INJURY — Al hor	ne, farm, :	streel, facto				201. LOCAT	ION (Street s	and Number	or Rural F	loute Number,
TED	4 Homicide delarmined	bullding	atc. (Specify)						City or	Town, State)			
P.E.	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	my knowledge, des	th occum	ed at the II	me, data	and place	and due	In the cause	(a) and man	nor no elei	ad	
COMPLET	one) 2 MEDICAL EXAMINI	R: On the basis of a	xamination and/or in	rvestigatio	n, in my o	pinion, de	eth occur	ed at the	time, data a	nd place, an	d due to It	ie cause(a	) and manner as stated.
u II	296. SIGNATURE AND TITLE OF CERTIFIE					1		NSE NUM					(Month, Day, Year)
0	The li	7 ~	Y				04	160	9		•	4-10	1-92
٩	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAU	SE OF DEATH (ITEM	1 27) (Type,		,	C	1	-				. , -
	WERNE CR	TOGIN	1 4	940	Ess	ten	n A	me	BH	6, M	80	7720	P

32. REGISTRAR'S SIGNATURE
Lika Davidson-Randon

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OCCUPATION ATTENDING DAYSICIAN. The law remines that the death certificate he executed within 22 co.
SION	TENDING
>	ATA
$\overline{\Box}$	OR
	OCPITAL

	t. DECEDENT'S NAME (First, Middle, Las Eleni	11)	20.0					TH	2. DATE (	REG. NO.		YEAR	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	nest	IF UNDER	1 YEAR	IF IMOE	R 24 HRS.	7. DATE (		992	a BIRTH	PLACE (State or I
	217-40-4907	1 □ M 2/17F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Tarin	/1571	907	Country	Turkey
стов	Caton Manor M							ore	City	7	9c. COU	NTY OF DE	EATH
DIREC	10e. STATE 10b. COUR	altimore	9		ry, town o								10d. INSIDE CIT LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 2651 L	iberty F	arkwa	У		tor	. ZIP COD		1222	2			HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO		If yes, sp	ecify Cubi	OF HISPAN an, Maxica Specify	n, Puerto R	(Specify Yealcan, etc.)	or No	14. RACE Black, Specify	- American Ind , white, etc.
TED	15. DECEDENT'S Et (Specify only highest gra		16a.	DECEDENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATIO	ON ast of worki	no	16b.	KIND OF BUS	SINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Musi					S	elf 1	Emp1	oye	đ
BE CO	17. FATHER'S NAME (First, Middle, Last) Unknown						J	Jnkn	own	iddle, Maiden			
10	George Anes	t		725 W	Jest	(Street a	nd Numbe	Pkw	y B	alti	n, State, Zip More	Gode) , Mc	1 2122
	20a. METHOD OF DISPOSITION 1 Disposition 2 Gremation 3 Re 4 Donation 6 Other (Specify)	moval from Stata	cemetery.	cremetory or o	ther placel			oru	DATE		CATION —		vn, State
	21. SIGNATURE OF FUNERAL SERVICE	Hacks 1	M005	50		Bra	dle	ss of Fac	shto:	n Fun	nera.	l Ho	me, In
	shock, Dr heert fallure	. List only one cau	t caused the	death. Do	not enter	the mo	de of dy	ing, auch	ow Si	ec or reaple	ratory arm	ad 2 est,	1222
ERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST	a	(OR AS A CONTOCO	SEQUENCE O	Ary Fi	An	de of dy	Ing, auch	n aa cardi	ac or reaple	ratory arm	est,	
EDICAL CERTIFI	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a	(OR AS A CONT	SEOUENCE O	App Proposition	Am ral	de of dy	Ing, auch	n aa cardi	ac or reapi	AUTOPSY MED?	24b. \	Approxing interval E Onset an Sun Autopsy F Amana Autopsy F Amana Bule Prince Completion of DF DEATH?
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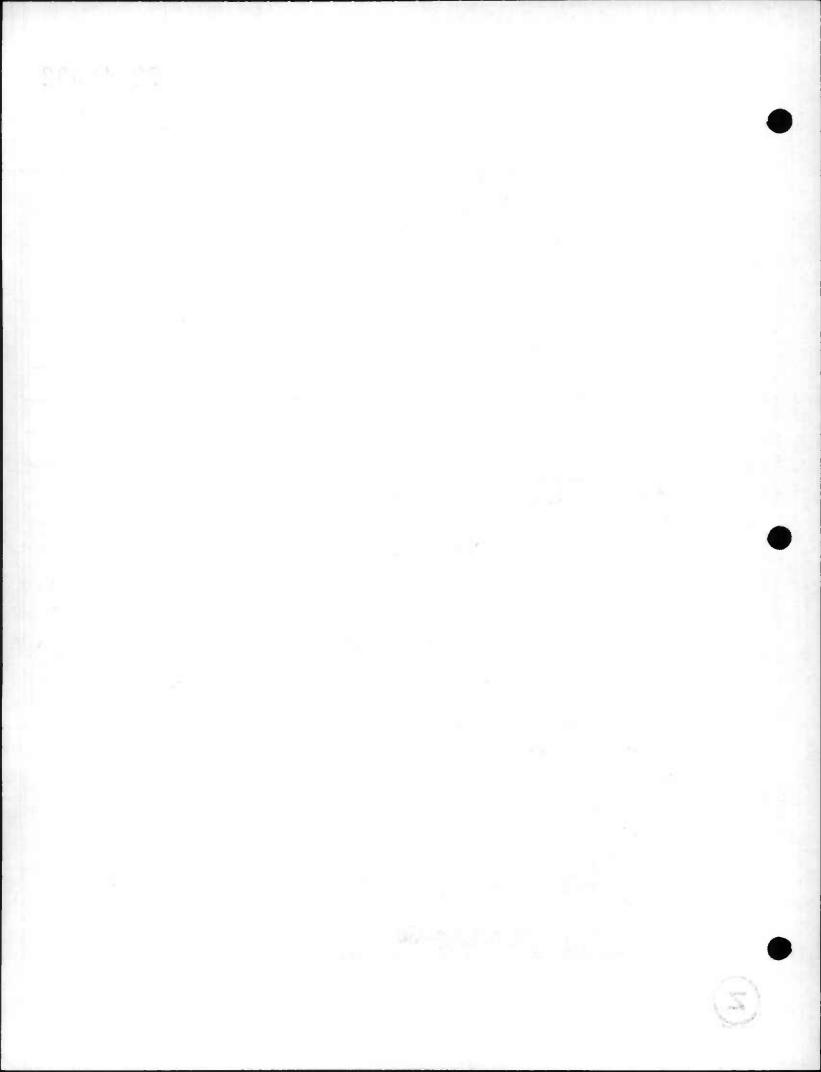
FOR STATE G-688			ILLOAT	E OF	DEATH							
REGISTRAR 6/2	9/92 reb	CERT	IFICAL	E OF	DEATH	_	REG	_				
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RESIDENCE OF DECEDENT			Dal	LCTIIIO	TE							
10a. STATE 10b. COUNTY	1	10c.	CITY, TOWN								10d. INSI	T87
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Never Married 2 Merried  Midowed 4 Divorced		YES 2 NO		If yes, sp	ecify Cuban, Mexi 2 🔯 NO Spec	can, Puerto				Spec	k, White, et	ic.
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19a, INFORMANT'S NAME (Type/Print)					nd Number or Run					Code)		
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	4. SOCIAL SECURITY NUMBER		6. AGE (in yrs. la	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTH IV. Year)		8. BIRTH	PLACE (State or Foreign.
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œ	Ba. FACILITY NAME (If not institution, give at				-		R LOCATIO	ON OF DE	ATN		THE PARTY	TY OF D	
DIRECTOR	Poctors Community RESIDENCE OF DECEDENT				Lai	rham					riu	nce	George
E	District of Co			113.00	Y, TOWN								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Tumbla		w	ashi		On ZIP CODE	1			40 - 0170		1 X YES 2 NO
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BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WI		INO		1 TYES	2 XNO	Specify	n, Puerto Rica	n, etc.)			Black
	15. DECEDENT'S EDUC			ECEDENT'S					t6b, KIN	ID OF BUS	INESS/IND	USTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	.06	Give kind of t e. Do NOT us	e retired.)		st of workin	g					
MP		7		Ret	ired	1				ov.			
	17. FATHER'S NAME (First, Middle, Lest)								ME (First, Midd		,		
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2	Rosemary Brinkl	ey							S.E.	only or lown	, Stere, Zip	Code)	
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-	7000 1.1	new	are	111	4	001	Ber	nin	g Roa	n, be	Ε.		
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	resulting in death)	DUE TO	OR AS A CONSE	OUENCE OF	F):	100	م ہم رد	- 7	174	C1C6	-21		NINUTES
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ATK	in any, reading to ministrate												0 1 45
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CERTIFICATION	resulting in deeth) LAST	STAC	FE L	4 (	26-	-01	J	CA	TN Ci	ER			TEARS
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SICI	EXAMINER?	HOSPITAL:	EB/Outpetingt 1	2 DO4	OTHER	₹:			ock only one)				
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	29a. CERTIFIER			mes e									
COMPLETE		CIAN: To the best of m											and manner as stated.
2	29b. SIGNATURE AND TITLE OF CERTIFIER			1-17		1	29c. LICE			7.000, 0.70			(Month, Day, Year)
00	1.12	and	- 3			_ 1					<b>&gt;</b> 2	41	192.
2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE	OF DEATH (ITE	EM 27) (Type,	Print)							-	
	3t. DATE FILED (Month, Day, Year)	ppointer.	le elouid	No.									
	APR 15 1992	Julia Day	dson-Asn	dell									
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	1 - STATE REGISTRAR			ICATE OF		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		. 6			2. DATE OF DEATH	Y YEAR	3. TIME OF DEATN
	DENFORD, WIL	L, BL	EVINS			04 /3	0.0	JOS M
	ALL STREET, SHIPPER		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTN	PLACE (State or Foreign
	215-42-16/81	WM2□F L	17 YRS.	alontine Larre	mounts and	1/16/9	45 NOR	TH CAROLIN
_	Sa. FACILITY NAME (If not institution, give street	•			OR LOCATION OF DE	ATN	9c. COUNTY OF D	EATN
5	FALLSTON GE	NERAL HO	SPITAL	FAL	STON		HAR	ORD
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	MD HAR	FORD	l p	YLESVII	LE			LIMITS?
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	1165 OLD PYL	ESVILLE	RD.		21132	2	USA	
FUNERAL	11. MARITAL STATUS 12	. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DE	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No — 14. RACE	— American Indian,
87	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1)(XYES	DATES		2 XNO Specify	n, Puerto Rican, etc.)	Speci	hc .
		VIETNA						WHITE
ED	15. DECEDENT'S EDUCATI (Specify only highest grade corr	npleted)		WOULD OCCUPATE Work done during m		16b. KIND OF BUS	SINESS/INDUSTRY	
ן ב	Elementary/Secondary (0-12) C	College (1-4 or 5+)	TRUCK	-		TRANSP	ORTATIO	N
COMPLET	17. FATHER'S NAME (First, Middle, Last)		TROCK	DIVIACI	18. MOTHER'S NA	ME (First, Middle, Maiden		
-	WILLIE B.	BLEVI	NS		MAUDI	E J. HA	RRIS	
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING		and Number or Rural :	Route Number, City or Tow	n, State, Zip Code)	
2	AUDREY J. BLEVI	NS	1165	OFD b.	/LESVILI	E RD., PY	LESVILL	E, MD
	20q. METHOD OF DISPOSITION XIX Burlal 2 Cremation 3 Removal	from State	b. PLACE OF DISPO	SITION (Name of co	metery, crematory or	20c. LO	CATION — City or To	wn, Stata
	4 Donation 5 Other (Specify)		HIGHVIE	W MEM.	GDNS	F A	LLSTON	MD
	21. SIGNATURE OF FUNERAL SERVICE, LICENS	SEE 111			ND ADDRESS OF FA			
	1 (sun 0.1.	weg		HARK	ins F.H	.Inc., DE	LTA, PA	1., 17314
	23. PART i. Enter the diseases, or com			not enter the m	ode of dying, auc	h ea cerdlec or resp	iratory errest,	Approximete
	shock, or heert failure. List iMMEDIATE CAUSE (Final	Only one cause on a	each line.					Interval Between Onset and Death
	disease or condition resulting in deeth)	election	Shor	k.				
	resulting in deetiny . a	DUE TO (OR AS	A CONSEQUENCE O	20-4		4		
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COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS  CONTributing to death  COSPITAL:  Inpetient 2 ER/Out  28a. DATE OF INJURY  (Month, Day, Year)  28a. PLACE OF INJURY  building, etc. (Sp.	A CONSEQUENCE OF A CONSEQUENCE OF BUT A CONSEQUENCE	in the underlyis  In the underlyis  In the underlyis  In the underlyis  28. If  OTHER:  4   Nursing Ho  ME OF 28c. If  JUHY M 1    street, fectory, off	FLACE OF DEATH (C) me 5   Residence JURY AT ORK? YES 2   NO ce	peck only one)  6 Other (Specify)  281. LOCATION (Street City or Town, State)  1 to the cause(a) and me of time, data and place, as	INJURY OCCURED  and Number or Rural  nner as stated, and due to the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS  CONTributing to death  COSPITAL:  Inpetient 2 ER/Out  28a. DATE OF INJURY  (Month, Day, Year)  28a. PLACE OF INJURY  building, etc. (Sp.	A CONSEQUENCE OF A CONSEQUENCE OF BUT A CONSEQUENCE	in the underlyis  In the underlyis  In the underlyis  In the underlyis  28. If  OTHER:  4   Nursing Ho  ME OF 28c. If  JUHY M 1    street, fectory, off	PLACE OF DEATH (C) THE 5 Residence JURY AT ORK? YES 2 NO ce a and place, and dudenth occurred at the	peck only one)  6 Other (Specify)  281. LOCATION (Street City or Town, State)  1 to the cause(a) and me of time, data and place, as	INJURY OCCURED  and Number or Rural  nner as stated, and due to the cause(	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS  CONTributing to death  COSPITAL:  Inpetient 2 ER/Out  28a. DATE OF INJURY  (Month, Day, Year)  28a. PLACE OF INJURY  building, etc. (Sp.	A CONSEQUENCE OF A CONSEQUENCE OF BUT A CONSEQUENCE	in the underlying the control of the	FLACE OF DEATH (C) me 5   Residence UURY AT ORK? YES 2   NO ce a and piece, and due death occured at the	peck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State)  to the cause(a) and me or time, data and place, as MBER	INJURY OCCURED  and Number or Rural  nner as stated.  and due to the cause(	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  a) and menner as stated.

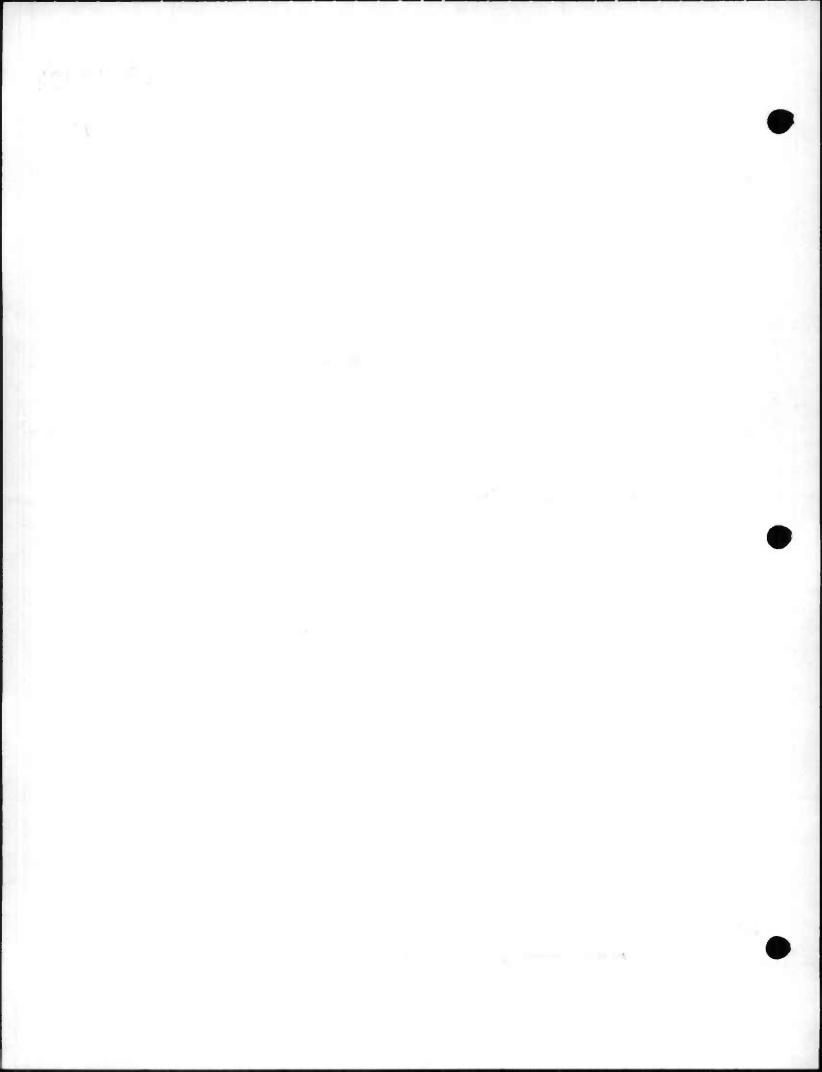
32. REGISTRAN'S SIGNATURE

31. APR 15 1992

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the hos	detach	once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach he filed within 72 hours after death with the State Dent of Hashin and Martal Handare and or harmonial programming or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ENDING	DR: Afte	E si s
DR ATT	DIRECTL PALICE AND	lem 2
SPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first within 72 hours after death with the State heart of Health and Mental Houleus endor to hund in commanding or remove	TE H I
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101	2 2	INP

	)							OF DEATH	AY	WEAT	3. TIME OF DEATH
	JACK		BAR	RASH			AP	Ř. 10,	19	92	410P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	EAR IF UND	DER 24 HRS.	7. DATE	OF BIRTN		8. BIRTNI Country	PLACE (State or Foreign
218-14-5046	1 M 2 F	82	YRS.				JUI	Y 15,	1909		W YORK
96. FACILITY NAME (If not institution, give 4208 BEDFORD RD	street and number)			9b. CITY, TO	OWN OR LOCA	-27				NTY OF DE	
RESIDENCE OF DECEDENT					BALI	IMOR	E			BALT.	IMORE
10a. STATE 10b. COUN MARYLAND	N BALTIMORE		10c. CIT	Y, TOWN OR	LOCATION						10d, INSIDE CITY LIMITS?
	DALITIONE			B	ALTIMO						1 YES 2 NHO
4208 BEDFORD RD					101. ZIP CC	212	80			USA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried	FORCES? 1	TEVER IN U.S. AR		If y	es, specify Cu	ban, Mexic	en, Puerto	N7 (Specify Yes	or No—	Black	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE Y			''	LES XX N	O Speci	ily:			Specif	WHITE
15. DECEDENT'S ED (Specify only highest gra-	de completed)	(Gi	ive kind of	USUAL OCCU	JPATION ing most of wo	rking	16	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 8	110.	Do NOT U		0 -			BECKY	SBR	IDAL	GOWNS
17. FATNER'S NAME (First, Middle, Last)			111	ancia		THEO10 11	AME (P)-				
MORRIS	BARRASH					S	ARAH		WHITM		
MRS. LORRAINE B		198	7 209	CHAL	KSTONE	DR.	AP1	ber, City or You A-2			MD 21208
ea. METNOD OF DISPOSITION  Burlet 2 Cremation 3 Re	moval from State	20b. PLACE A		OF DISPOSITION	ON (Name of		DAT	E 20c. LO	CATION —	City or Tov	wn, State
□ Donation				RAHAM			2/92	F	ROSED	ALE,	MD
II. SHARATONE OF PUNERAL SERVICE I	LICENSEE	7			ME AND ADDI OT. T.E.V			BROS.,	TNC.		
23. PART I. Enter the diseases, Di	DO	euix	2	60	10 REI	STER	STOWN	RD.	BALT	O.,MI	21215
ehock or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· a	(OR AS A CONSEC	v	1 F							Onset and Da
	. 1	SLUN									18YA1
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DHE TO	(OR AS A CONSEC	VIENCE O	<b>6</b> .						-	
that initiated events resulting in death) LAST	502 10	(OH AS A CONSEC	JUENCE O	<del>r</del> ):							
	d										+
PART II. Other algolficant condition	ona contributing to	deeth but not r	eeuiting	in the unde	riying ceus	e given ir	Pert i.	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDIF AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
									(		1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL					na m			L			
EXAMINER?	HOSPITAL:	EBIO. 11-11		OTHER:	26. PLACE OF	_					
27. MANNER OF DEATH	28e. DATE OF	ER/Outpatient 3 INJURY	26b, TIN		c. INJURY AT	Residence		SCRIBE HOW I	NJURY OO	CUBED	
1 Natural 5 Pending	(Month, D			JURY	WORK?	□ NO	200. DE	JOHNE HOW	AUGUST OC	CONEU	
Accident Investigation  3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At ho	me, 1erm,				261. LOC	ATION (Street or Town, State)	and Numbe	r or Rural Ri	oute Number,
4 Homicide determined							City				
	SICIAN: To the best of NER: On the basis of e										and manner as stated
E MEDICAL EXAMIN											
	ER	11			29c 1	ICENSE NI	MBFR		204 DAY	E SIGNED	(Month Day Year)
296. SIGNATURE AND TITLE OF CERTIFI	7 1	fre	1,	unn	29c. L	L O	NBER 276		29d. DAT	SIGNED	(Month, Day, Year)
296. SIGNATURE AND TITLE OF CERTIFI	YNO COMPLETED CAU	SE OF DEATH (ITEE	M 27) (Type		12	10	276		29d, DAT	SIGNED 4/11	(Month, Day, Year)
196. SIGNATURE AND TITLE OF CERTIFI	YNO COMPLETED CAU	SE OF DEATH (ITEE	eth .		129c. L 120c. L	10	276	· LS	29d. DAT	4/11	(Month, Day, Year)



	1. DECEDENT'S NAME (First, Middle, Last)	Ro.	EUER	TE OF DEATH	REG. NO.  2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER			DER T YEAR   IF UNDER 24 HRS.	109/10/	92 / 28(A M				
	153-24-8150	1 🗆 M 2 💢 F	YRS. MONTH	B DAYS HOURS MIN,	Dec 10, 1930	"Hungary				
CH	9a. FACILITY NAME (If not institution, give street and number)  UNIVERSITY HOSOITAL  BOAT NORE  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH									
DIMECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS? 1  YES 2 NO				
FUNERAL	2008 KIRK	In DRIVE	2	101. ZIP CODE 2074	5 10g. CITIZ	EN OF WHAT COUNTRY?				
R	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	3. WAS DECENDENT OF HISP. If yes, specify Guben, Mexic  1 YES 2 NO Specific	can, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) Coilege (1-4 or 5+)	1 1	OCCUPATION ne during most of working (1.)	16b. KIND OF BUSINESS/INDU	DSTRY DMC				
BE CON	17. FATHER'S NAME (First, Middle, Last)	19		18. MOTNER'S N Hen	AME (First, Middle, Meiden Surname)					
10	190. INFORMANT'S NAME (Type/Print) MRS Sherry Gerin 2816 W. Street and Number or Pural Pourse Number, City or Town, State, Zip Code) 2816 W. Streethmore Ale Balto Md									
	20a. METHOD OF DISPOSITION 1 Burisi 2 Cremation 3 Remo 4 Donation 8 Other (specify)	ovel from State cent	PLACE AND DATE OF DISP	STORY 4-	DATE 200. LOCATION - C	of Israel				
	21. SIGNATURE OF SUSPENAL SERVICE LIE	ENSEE	2	2/RAME, AND ADDRESS OF F	ACILITY OI O					
	Mals	Lower	~ 4	DID REISTER	town Rd Ba					
	IMMEDIATE CAUSE (Final disease or condition	Jet only one ceuse on e	ach line.	DID REISTER	50M 43R0S 50Wn Rd Ba ch as cardiec or reapiratory arra	Approximata interval Between				
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	OBSTYUC DUE TO (OR AS A Sepsis	consequence of:	DID REISTER	50M 43R0S 50Wn Rd Ba ch as cardiec or reapiratory arra	Approximata interval Between				
IFICALION	iMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A  Metas	CONSEQUENCE OF):	DID REISTER	Som 13R03 Stown Rd Bo ch as cardiec or reapiratory arra	Approximata interval Between				
CERTIFICATION	immediate Cause (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	SUP RESERVENTE TOWN OF	Stown Rd Bach as cardlec or reapiratory arre	Approximata interval Between				
-	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):	SUP RESERVENTE TOWN OF	Stown Rd Bach as cardlec or reapiratory arre	Approximata interval Between				
-	immediate Cause (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not resulting in the	Breast  underlying ceuse given in	Can Ces  1 Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 U YES 25 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	ach line.  1 V C  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not reaulting in the  attent 3 DOA OTH 4 N	Breast  underlying ceuse given in  28. PLACE OF DEATN (CER: ursing Home 5   Residence  28. INJURY AT WORK?	Can Ces  1 Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES \$5 (No heck only one)	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN	DUE TO (OR AS A Sep S i S DUE TO (OR AS A M C P O S DUE TO (OR AS A M C P O S DUE TO (OR AS A M C P O S DUE TO (OR AS A M C P O S DUE TO (OR AS A M C P O S DUE TO (OR AS A M C P O S DUE TO (OR AS A M C P O S)  B CONTributing to deeth by  HOSPITAL: 1 Sep Set Set Set Set Set Set Set Set Set Set	ach line.  1 V C  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not reaulting in the  etient 3 DOA OTH 4 N  28b. TIME OF INJURY M  At home, farm, street, fi	Breast  underlying ceuse given in  28. PLACE OF DEATN (C  ER: ursing Home 5   Residence  28. INJURY AT WORK? 1   YES 2   NO	Can Ces  1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES \$10 No  heck only one)  8   Other (Specify)	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UMDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   NO  27. MANNER OF DEATN  1   Netural   5   Pending Investigation   Suicide   3   Could not be determined	DUE TO (OR AS A  Sepsis  DUE TO (OR AS A  Metros  DUE TO (OR AS A  Metr	ach line.  1 V C  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not reaulting in the  stient 3 DOA 4 N  28b. TIME OF INJURY M  At home, farm, street, fi	ER:  28. PLACE OF DEATN (CER:  Turning Home 5   Residence  28. INJURY AT  WORK?  1   YES 2   NO  sectory, office	Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES \$50 NO  6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				

Street

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
G-NIMMA GADDA 22 S. Green

5

32. REGISTRAR'S SIGNATURE

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uneral o		- Same
FIGHT. After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	29 is marked as from 23 shows and injury as other transmists areast the medical exeminer much he existing
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30. NAME AND ADDRESS OF PERSON

730 Mag

31. DATE FILED (Month, Day, Year)

APR 15

		1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH		2 10386						
-		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	. BIRTHPLACE (State or Foreign		
		229-09-3613	1 🗆 M 2 🗓 🗗	73 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	18	Vramia		
	LOR	Joseph Kich	en Hospi	W 57 4.2/207	(	attim		9c. COUNT	Y OF DEATH		
	DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	Y	10c. CI	TY, TOWN OR LOC	ATION			10d. INSIDE CITY		
1		mo					Baltimore	City	LIMITS?		
	FUNERAL	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
	NE	820 Futaw				21201			USA		
	BY FU	1 New Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 1 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Ricen, atc.) ify:	or No- 1	4. RACE — American Indian, Black, White, atc. Specify: Negro		
		15. DECEDENT'S EDU		18a. DECEDENT	18a. DECEDENT'S USUAL OCCUPATION			SINESS/INDUS			
2	COMPLET	(Specify only highest grade	College (1-4 or 5+)	(Give kind of life. Do NOT s	work done during n ise retired.) Homemak						
OUC	S	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meiden				
7	BE (	Oscar A		Lucille Terry							
e li	2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number									
De d	1800 Hollins St. Balto, Ma. Apt 3										
must		20b. METHOD OF DISPOSITION  1 Burlet 2 \( \frac{1}{2} \text{ Cremetton } 3 \) Removal from State  4 \( \text{ Donation } 5 \) Other (Specify) \( \text{ City } \) Md  20b. PLACE AND DATE OF DISPOSITION (Name of cemter) (Part of Town, State cemter); cremetory or other place)  4 \( \text{ Donation } 5 \) Other (Specify) \( \text{ Balto }, \text{ City } \) Md									
Je .		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
examiner must be notified at once.		Joseph L. Russ Funeral Home							21216		
		23. PART   Enter the diseases, or o	complications that cause	ed the deeth. Do	not enter the m	W. Nort		ratory arres			
the medical		shock, or heart fellure.	List Dnly Dne ceuse Dn	each line.					Interval Between Onset and Death		
		disease or condition resulting in death)	Metas	tati	e t	unvn	Snain	1 -	1- 00 105		
even		DUE TO (OR AS A CONSEQUENCE OF):									
other traumatic event,	S	Sequentially list conditions, If any, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):									
Lant	ATI	cause. Enter UNDERLYING Lung nota (tase)									
i i	RTIFICATION	thet initiated eventa DUE TO (ONG)'S A CONSEQUENCE OF):									
6	ERT	resulting in death) LAST									
25	C	PART II. Other algorificant condition	s contributing to deeth	but not resulting	in the underlyis	no ceuse given in	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS		
shows any injur	MEDICA						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
SWS							1 🗆 YES 2	□ NO	OF DEATH?		
23 sho									7 8 123 1 3 110		
Item 2	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	PLACE OF DEATH (C	heck only one)				
5	PHYSICIAN:	1 TYES 2 NO	1 - Inpatient 2 - ER/Out			me 5 - Residence	8 Other (Specify)	Ric	Ley Hazare		
		27. MANNER OF DEATH  1 Nitural 5 Pending	(Month, Day, Year)	28b. TII	JURY W	JURY AT ORK?	28d. DEŞCRIBE HOW II	UDDO YRULI	RED O		
E	ВУ	2 Accident Investigation	28e. PLACE OF INJUR	Y — At home, ferm.		YES 2 NO	28f, LOCATION (Street a	and Mumber or	Pivel Parks Number		
28 18		4 Homicide 6 Could not be	building, atc. (Spe	ecify)			City or Town, Stete)	no rumber or	nurer noute number,		
Elem		290. CERTIFIER	CIAN: To the beat of my know	wledge death occur	rad at the lime dat	a and place and di	a to the sauge (a) and				
	COMPL								ceuse(s) end manner es stated.		
	CC	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			BIGNED (Month, Day, Year)		
		6	11 1	- 4	1	11		N 12	1 1 67		
2	TO B	/ _ /	Caro -	1.	$\omega$ .	111	3006		1/10 7 1		

Read

A REPORT OF THE PROPERTY OF TH Account and our contracts the street of the state of the state of A Committee of the Comm at applie of officer date. There are 10-2-1-2

DHMH-16 Rev 1/89

Pages 1, 2, 3 should

BOX 68760, HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be DIVISION OF VITAL RECORDS, P.O.

Items: 23 part 1,27,28a,b,c,d,e,f per MEO G926 10387 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92-1715-033 FOR STATE 4/14/92 REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR CECEI IA 03 23 CABIDES 1992 9:51 A.M A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS 577-92-0543 1 M 2 X F 64 YRS 11-22-1927 Philippines 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH PRINCE ŒORGES HOSPITAL CHEVERI Y DIRECTOR PRINCE GEORGES RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Rainier 1 TY YES 2 NO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3504 Newton Place, Apt. 20712 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 🔯 Widowed 4 🔲 Divorced Philippine 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 11 Housekeeper Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 Alipio Cabides Dionisia Pagapas notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 414 17th St., N.W. Jose Jeffrey C Lovola (Apt. #108) Washington DC 20036 examiner must be 20a. METHOD OF DISPOSITION
1 ➡ Burlet 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Duriel 2 Cremation 3 4 Donation 5 Other (Specify) Lincoln Cemetery 8/28 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fort Lincoln Funeral Home, Inc., 3401 Bladensburg Rd., Brentwood, Md. 20722 lugal medical 23. PART I. Enter the diseases, or complications that glused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition Multiple injuries resulting in death) 9. THE TO (OR AS A CONSEQUENCE OF): other traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE OF DEATH? 1 NO THES 2 INO r this certificate has been the with the State Dept. o arked, or Item 23 sh PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA e 5 🗆 Residence & 🗆 Other (Specify) 200. DATE OF INJURY (Month, Day, Year) 3-23-92 27. MANNER OF DEATH marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 3 M DIRECTOR: After the hours after death w 1 YES BY Unknown 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 5 0 4 N PN + 0 D 6 Could not be determined COMPLETED 3504 Newton Plac 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 ho 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) BE 03-24-1992 2 LITED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET BALTIMORE MARYLAND 21201

> 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or attending physician.
TO THE PUNEAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial transfer narrais.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR	STATE OF M	IADVI AND	/ DEDAT	THEF	IT OF I	IFALTI.	4110				2	10388
	1 - STATE REGISTRAR	STATE OF N	C	ERTIF	ICAT	E OF	DEAT	TH	MENIA	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATH	MY		3. TIME OF DEATH
	Nellie K. Chesn								4		11	92	09101
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UND	ER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		S. BIRT	HPLACE (State or Foreign
	212-09-9319	1 M 2 F	8	YRS.	WONTH.	DATE	HOUNS	WHITE.	02	-19-	06	m	-
nr.	9s. FACILITY NAME (If not institution, give s	treet and number)					OR LOCATION					INTY OF I	
ē	LOTIEN N.H.				Co	lum	bia	n	1.0		H	DW	ard
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
DE	Maryland Balt	imore				. 11 -							LIMITS?
AL	10e, STREET AND NUMBER	TINOTE			err	у На 10	f. ZIP COOL	E			10g, CIT	IZEN OF	1 YES 2 NO
EB	8925 Parlo Rd.						21	128			u.		
5	11, MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13	. WAS DEC	ENDENT O	F HISPAN	VIC ORIGI	N? (Specify Ye		14. RAC	E — American Indian,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 AR OR DATES	NO			2 NO			Rican, stc.)		Spec	k, White, etc.
								-		_			White
TE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(6	ECEOENT'S	work don	a during me	ON ost of workin	ng	16	. KIND OF BU	SINESS/INI	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+	)   ""	. Do NOT us						_			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-2	TIEC.	pe	20				Depai		t St	ore
	Richard Bell							mie	ME (First,	Middle, Meiden	Surname)		
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORE	RR /Street o			Dougla Alice	has Charac To	- 0 7	0.4.	
5	A. Paul Grabus  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1632 Winchester Rd. Annapolis. Md. 21401												
	200, METHOO OF DISPOSITION		20b. PLACE	AND DATE	FDISPO	SITION /Na	eme of	HO.			CATION —		
	1 Buriel 2 Cremation 3 Remo	oval from State	Balt	matory or of	ther place	mete	rv	4	1				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	9				ND ADORES			7 50-		10,	ridi y idilid
	Jassida J	Leerel	Home	2			ahn l						
	23. PART 1. Enter the diseases, or c	omplicetions that	ceused the de	eth. Do n	ot ente	7401	Bol:	nin-	Rd.	Balte.	- Md	2	1236
										Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	dome	T.	_ /	h	00.00	00	11	1-6	?	10		Onset and Death
	resulting in death)	OUE TO (	OR AS A CONSE	OUENCE OF	7:		Ce i	4 6	The	Line	٠ کري		
z	disease or condition resulting in death)  a. demention — mobulile Alghemais.  OUE TO (OR AS A CONSEQUENCÉ OF):  Sequentially list conditions,										Í		
5	Sequentially list conditiona, if any, leading to immediate	DUE TO (	OR AS A CONSE	DUENCE OF	7:					(3/6	72	-3	
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initieted events	DUE TO (	OR AS A CONSE	DUENCE OF	7:								
CERTIFICATION	readiting in death) LAST	l											
	PART II. Other algnificant conditions	s contributing to	death but not r	esulting i	n the u	nderlylno	cause d	lven in	Part I.	24s. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
S	non di	Lucien	11. 1	ene.		da	0			PERFOR	MED?	1 240	AMILABLE PRIOR TO COMPLETION OF CAUSE
8	11 mb val	2111	1000		P-10-C		11	con	_	1  YE\$ 2	□ NO		OF DEATH?
PHYSICIAN: MEDICAL	- purgine	M M	1600	al			U		- 1			1	1 YES 2 NO
AM	25. WAS CASE REFERRED TO MEDICAL					26. Pt	ACE OF DE	ATH (Che	ck only o	to I			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:							
¥	27. MANNER OF BEATH	26e. OATE OF I	NJURY	26b. TIM	OF	28c, INJ	e 5 ☐ Red URY AT	sidence		CRIBE HOW I	NJURY OCC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	r, 16ar)	INJ	M		RK? res 2 🗌	NO					
- 8	3 Suicide 6 Could not be	26s. PLACE OF	INJURY At ho tc. (Specify)	me, ferm, s	treet, fac	ctory, office			26f. LOC	ATION (Street I	nd Number	or Rural F	loute Number,
	4 Homicide determined		ter (opoeny)					_ ]	City	or Town, State)			
COMPLETED	290. CERTIFIER (Check only	CIAN: To the best of n	ny knowledge, de	ath occurre	d at the	time, data	end place.	and due	to the cas	se(s) and mar	mer an atet	ed.	
OM	one) 2 MEDICAL EXAMINER	: On the besis of exe	mination and/or i	nveatigation	n, in my	opinion, d	eath occure	d at the	time, date	and place, an	d due to th	e cause(e	) and manner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1	7				29c. LICE						(Month, Day, Year)
BE C	Moterle	MUD	un	-			-		21-		<b>&gt;</b>	4//	2/4-
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED PALICE	05 05 4711 #75				-		14			[/	1/2

WHO COMPLETED SAUSE OF DEATH (ITEM 27) (Type, Print) DAY DE LA CONTRE



APR 15 1992

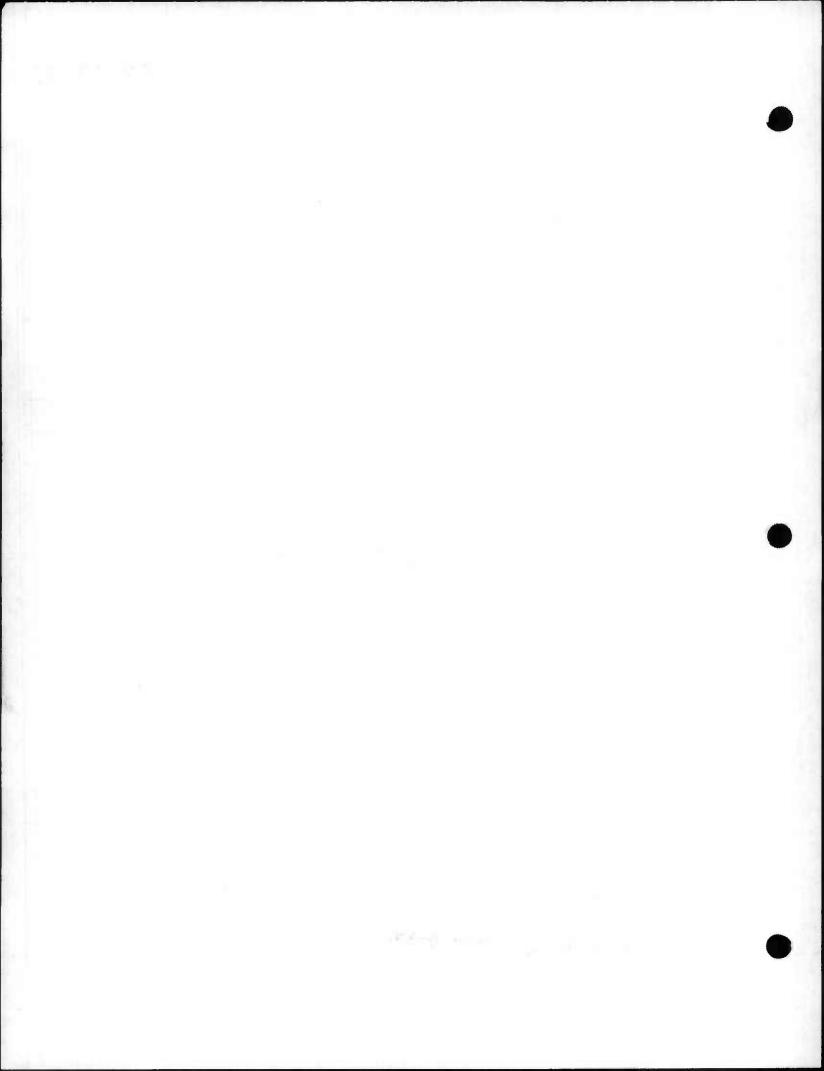
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	E ,	10389
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	L IWAN DOMNEN	(0			April	9,1992	M M
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BI	IRTHPLACE (State or Foreign
Ĭ	/ 12-24-4999	1 🖄 M 2 🗆 F	90 YRS. MOR	ITHS DAYS HOURS MIN.	(Morith, Day, Year) 06/15/0		kraine
00	9a. FACILITY NAME (If not institution, give street	et and number)	9b.	CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY O	OF DEATH
DIRECTOR	2326 F. Fairmou	<u>unt Avenue</u>	2	Baltimor	e		
JEC.	10a. STATE 10b. COUNTY			OWN OR LOCATION			10d. INSIDE CITY
5	Md.		Bal	timore			LIMITS?
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN (	OF WHAT COUNTRY?
NE	2326 E. Fair			21224			S.A.
FU	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No- 14, R	IACE — American Indian, Black, White, etc.
ВУ	3 🛭 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D.	ATES	1 TYES 2 XNO Speci	fy:		Specify:
ED	15. DECEOENT'S EDUCA' (Specify only highest grade co	TION	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUS		white
COMPLETED		College (1-4 or 5+)	life. Do NOT use ret	done during most of working ired.)			
MP	4 vrs.		Sprink f	actory			
8	. 17, FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden	Surname)	
BE	Paul Domnen	Κ0		Tati			
9				DRESS (Street end Number or Rural			
	Mykola Kondra		PLACE AND DATE OF DI	th Street,	DATE 20c. LO		
	1 Burial 2 Cremation 3 Remove	el from State cem	netery crematory or other r				The second section of the second seco
	21. SIGNATURE OF FUNERAL SERVICE LICEN		SC. AIIGIE	22. NAME AND ADDRESS OF F		I CIMO	
	> / July	2 / 1/2		1 2 7 7 9 7	:1 T	1001	21231
	23. PART I. Enter the diseasea, or con	mplications that caused	d the desth. Do not e				Eastern Ave
	ahock, or heart failure. List IMMEDIATE CAUSE (Final	st only one cause on e	ach line.				interval Between
	disesse or condition	Caremo	ma II	ulenous a	rimani		Onset and Desth
		DUE TO (OR AS A	CONSEQUENCE OF):	ntenous p	rimary		
NO	disesse or condition resulting in death)			nknown p	rimary		
ATION	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate		A CONSEQUENCE OF):	nlenour p	rimary		
FICATION	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF):	nknown p	rimary		
RTIFICATION	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A		nknoun p	rimary		
CERTIFICATION	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):				Onset and Desth
	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):				Onset and Desth  Onset and Desth  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):		Pert I. 24e. WAS AN	MED?	Onset and Desth  Onset and Desth
MEDICAL	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):		Pert I. 24e. WAS AN	MED?	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the cause of	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	e underlying ceuse given in	Pert i. 24e. WAS AN PERFOR 1 YES 2	MED?	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the cause of	DUE TO (OR AS A  DUE TO (OR AS A  contributing to deeth b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Tut not resulting in the	26. PLACE OF DEATH (CI	Pert I. 24e. WAS AN PERFOR 1 VES 2	MED?	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the cause of	DUE TO (OR AS A  DUE TO (OR AS A  contributing to deeth b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Tut not resulting in the operation of the consequence of the consequ	26. PLACE OF DEATH (C)  WER: Nursing Home 5 Residence	Pert i. 24e. WAS AN PERFOR 1 YES 2	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO 1  27. MANNER OF DEATH  Netural 5  Pending	DUE TO (OR AS A  DUE TO (OR AS A  contributing to deeth b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Out not resulting in the	26. PLACE OF DEATH (C)  WER:  Nursing Home 5 Residence	Pert I. 24e. WAS AN PERFOR 1 VES 2	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the con	DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth b  HOSPITAL: Inpetient 2 ER/Outp  (Month, Day, Year)	A CONSEQUENCE OF):  A CONSEQUENCE OF):  The consequence of the consequ	26. PLACE OF DEATH (CI  HER: Nursing Home 5 Residence  28c. INJURY AT WORK?  M 1 VES 2 NO	Pert I. 24e. WAS AN PERFOR 1 VES 2  Deck only one)  6 Other (Specify)  26d. DESCRIBE HOW IN	MED?	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	disesse or condition resulting in death)  Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other aignificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth b  HOSPITAL:  Inpatient 2 = ER/Outp  (Month, Day, Year)	A CONSEQUENCE OF):  A CONSEQUENCE OF):  The consequence of the consequ	26. PLACE OF DEATH (CI  HER: Nursing Home 5 Residence  28c. INJURY AT WORK?  M 1 VES 2 NO	Pert I. 24e. WAS AN PERFOR 1 YES 2	MED?	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth b  HOSPITAL:   Inpatient 2   ER/Outp  26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, stc. (Spec	A CONSEQUENCE OF):  A CONSEQUENCE OF):  The consequence of the consequ	26. PLACE OF DEATH (CI  HER: Nursing Home 5 Residence  28c. INJURY AT WORK?  M 1 VES 2 NO	Pert I. 24a. WAS AN PERFOR 1 VES 2  Deck only one)  6 Other (Specify)  26d. DESCRIBE HOW IN City or Town, Stele)	MED?  NO  JURY OCCURED  Ind Number or Rul	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II, Other significent conditions of the cause of the	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth b  HOSPITAL: Inpatient 2 ER/Outp  26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, stc. (Spec	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Tut not resulting in the consequence of the conse	26. PLACE OF DEATH (CI HER:   Nursing Home 5 Residence   28c. INJURY AT WORK?   M   1 YES 2 NO  , factory, office	Pert I. 24e. WAS AN PERFOR 1 VES 2  Deck only one)  6 Other (Specify)  26d. DESCRIBE HOW IS City or Town, Stele)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II, Other significent conditions of the cause of the	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth b  HOSPITAL: Inpatient 2 ER/Outp  26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, stc. (Spec	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Tut not resulting in the consequence of the conse	26. PLACE OF DEATH (CI MER; Nursing Home 5 Residence WORK? M 1 YES 2 NO , factory, office	Pert I. 24a. WAS AN PERFOR 1 YES 2  Deck only one)  6 Other (Specify)  26d. DESCRIBE HOW IN City or Town, Stete)  5 to the cause(s) end man time, date and place, end	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth b  HOSPITAL: Inpatient 2 ER/Outp  26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, stc. (Spec	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Tut not resulting in the consequence of the conse	26. PLACE OF DEATH (CITY)  28. PLACE OF DEATH (CITY)  WORK?  28c. INJUSTY AT WORK?  M 1 YES 2 NO  , factory, office  the time, date and place, and during opinion, death occured at the	Pert I. 24a. WAS AN PERFOR 1 YES 2  Deck only one)  6 Other (Specify)  26d. DESCRIBE HOW IN City or Town, Stete)  5 to the cause(s) end man time, date and place, end	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART H. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth b  HOSPITAL: Inpatient 2 ER/Outp  26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, stc. (Spec	A CONSEQUENCE OF):  A CONSEQUENCE OF):  The consequence of the consequ	26. PLACE OF DEATH (CITY)  28. PLACE OF DEATH (CITY)  HER:  Nursing Home 5 Residence  28c. INJURY AT WORK?  M 1 YES 2 NO  , factory, office  The time, date and place, and during opinion, death occured at the place of the place	Pert I. 24a. WAS AN PERFOR 1 YES 2  Deck only one)  6 Other (Specify)  26d. DESCRIBE HOW IN City or Town, Stete)  5 to the cause(s) end man time, date and place, end	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART H. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth b  HOSPITAL: Inpatient 2 ER/Outpy (Month, Day, Year)  26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, stc. (Specially Special Sp	A CONSEQUENCE OF):  A CONSEQUENCE OF):  The transport of the consequence of the consequen	26. PLACE OF DEATH (CITY)  28. PLACE OF DEATH (CITY)  HER:  Nursing Home 5 Residence  28c. INJURY AT WORK?  M 1 YES 2 NO  , factory, office  The time, date and place, and during opinion, death occured at the place of the place	Pert I. 24a. WAS AN PERFOR 1 YES 2  Deck only one)  6 Other (Specify)  26d. DESCRIBE HOW IN City or Town, Stete)  5 to the cause(s) end man time, date and place, end	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO



BALTIMORE, MARYLAND 21215-0020	4 mours after death. Page 6 may be retained by the hospital or attending physici	Alled in by the funeral director, page 5 should be detached for use as the burial-to	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 8 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the fleet Whitein 12 hours after death with the State Deat of Health and Mental Hyritein prior to harmonic or semantic.	IMPORTANT of item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAN	D / DEPART	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN	E	10390		
	1. DECEDENT'S NAME (First, Middle, Last)				2 DATE OF DEATH		3. TIME OF DEATH		
	Thomas Edward		nsor		April 11	1992	2:15 AM M		
		rs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	212-03-8911 1 XM 2 F 80 9s. FACILITY NAME (If not institution, give atreet and number)	YRS.			July 29 19		Maryland		
2	Carroll County General Hospit	-01	96. CITY, TOWN O		EATH	9c. COUNTY			
18	RESIDENCE OF DECEDENT	westn	ninster		Carr	oll			
DIRECTOR		10c. CITY,					10d. INSIDE CITY		
	Maryland Carroll	W	estminst				1 YES TO NO		
FUNERAL	205 St. Mark Way Apt. 410		10f.	2115	D		OF WHAT COUNTRY?		
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S	S. ARMED	13. WAS DECE		NIC ORIGIN? (Specify Yes	USA			
BY F	1 Never Married 2 Married FORCES? 1 YES 2 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	NO	If yes, spe	cify Cuban, Maxico 2 (NO Special	an, Puerto Rican, etc.)	01 140.	RACE — American Indian, Black, White, etc. Specify: White		
			1				Specify: White		
H	(Specify only nighest grade completed)	(Give kind of we life. Do NOT use	USUAL OCCUPATION ork done during most retired.)	N t of working	166. KIND OF BUS	INESS/INDUST	TRY		
1	Elementary/Secondary (0-12) College (1-4 or 5 +)	Print			Aberd	een P	roving Ground		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden		roving Ground		
BE (	John Thomas Ensor			Lelia	Evans				
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO	ADDRESS (Street an	d Number or Rural	Route Number, City or Town	n, State, Zip Coo	<sup>200)</sup> 21158		
	Dorothy D. Ensor	205	St. Mark	Way A	pt. 410, W	estmir	ister, Md.		
		ACE AND DATE OF	EDICEOCITION (Non	an al	D. T. C. CO. LO.	DATION OF			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	aney V	alley Me	morial (	Gardens 4/	14/92	Timonium, Md.		
	Lowell M. Lemmon				hell-Wiedef				
		e deeth Do no	10 W	Pador	nia Rd., T	imoniu	m, Md. 21093		
	23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or haart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCIOR):								
NO	Sequentially list conditions, b. metrostula Ca								
CERTIFICATION	If any, laading to immediata cause. Enter UNDERLYING	ISEQUENCE OF):	. A						
띮	CAUSE (Disease Dr Injury that Initiated events	REQUENCE OF	creve	*					
E	resulting in death) LAST	0							
	PART II. Other algnificant conditions contributing to death but n	ot resulting in	the underlying	cause alven in	Part I. 24a. WAS AN	umnau I			
ICAL		or rooting in	tila ulluarrying	cadse givait iii	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI					1 TYES 2	- NO	OF DEATH?		
							1 YES 2 DING-		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEATH (Ch	eck only one)				
X	1 YES 2 NO 1 Department 2 ER/Outpatient	4 3 DOA 4		5 - Residence	6 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WOR	K?	28d. DESCRIBE HOW IN	JURY OCCURE	D		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — A	t home, ferm, str		S 2 NO	28f. LOCATION (Street as	nd Mumbes on E	hard Courts Marsh		
E	Success     Could not be detarmined		,		City or Town, State)	id Normour or A	urar Hodre Humber,		
2	29a. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge	, death occurred	at the time, date a	nd place, and due	In the cause(s) and many	nor an etelad			
COMPLET	one) 2 MEDICAL EXAMINER: On the besis of examination and	i/or investigation,	In my opinion, dea	th occured at the	time, data and place, and	due to the ce	use(s) and manner as stated.		
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN			GNED (Month, Day, Year)		
0	John W. Middleton			D 25	443	14	-11-92		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (	ITEM 27) (Type, P.	ston	ti	mil	21	157		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	E		m	1		-/-		
	APR 15 1992 Julie Davidson	- Anders							

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3. TIME OF DEATH

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REG. NO.

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2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STANLE

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPI ACE (State or Foreign DAYS HOURS 1 1 2 | F 173-05-1804 YRS. -9-1898 a permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH BA(+ imore DIRECTOR ST. Jos and Towson 10a. STATE 10h COUNTY 10c, CITY, TOWN DR LOCATION 10d. INSIDE CITY Md. Harford Bel Air 1 YES 2 ND FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10a. STREET AND NUMBER 10f. ZIP CODE 111 Crescent Dr. 21014 page 5 should be detached for use as the burial-transit U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR DR DATES 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 ND Specify White BY 3 ★ Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. Technician Allied Signal Bendix Com. Div be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edsal1 .Tames Pusev BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mr. James W. Edsall 6017 Fork Woods Rd. Baldwin, Md. 21013 20s. METHOD OF DISPOSITION 1☆ Burial 2 ☐ Cramation 3 ☐ Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name OATE 20c. LOCATION - City or Town, State must the funeral director, Freidens Cemetery Donation 5 - Other (Specify) \_ Oley Township, Pa. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.F.Lassahn Funeral Home assahn +, d 11750 Belair Rd Kingsville, Md. 21087 filled in by the fi 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on Intarval Between 0 IMMEDIATE CAUSE (Finei Onset and Death the cremation, disease or condition completely THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat or other traumatic event, resulting in death) DUE TO OF AS A CONSEDUENCE OF CERTIFICATION Sequentisity ilst conditions, DUE TO (DR AS A CONSEDUENCE OF if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury, PART il. Other eignificent conditiona contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPS 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 | YES 2 | 10 1 YES 2 ND 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 0 26e. DATE DF INJURY 27, MANNER OF DEATH 28h TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 8 4 Homicide 28 COMPLET Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL TO THE FUNERAL I DE filed within 72 h 2 MEDICAL EXAMINER: Dn the 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mo BE Mo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RED HOLABIRD AVE. 15 BACTO. 31. DATE FILED (Mor 132 REGISTRAR'S SIGNATURE 1992 5

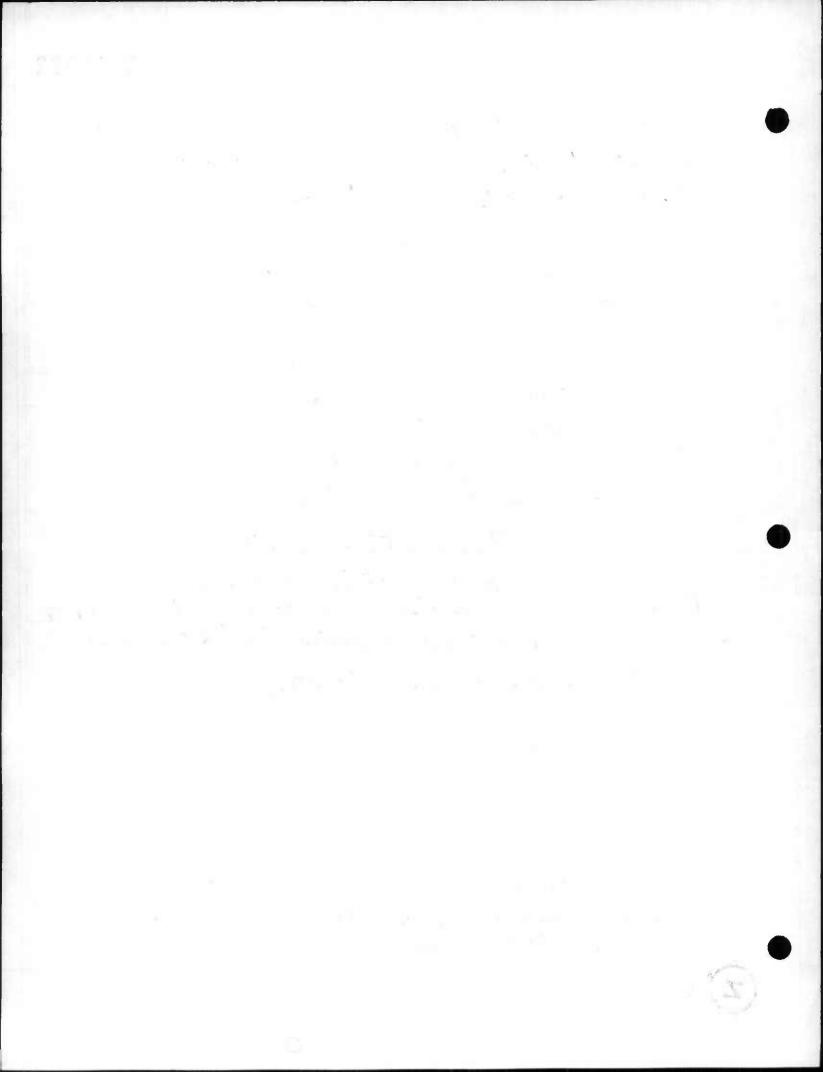
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SEPH YEAR 1:30 A-M 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER T YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH s. BIRTHPLACE (State or Foreign 20-7341 1 X M 2 - F 4-14-1 has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Se. FACILITY NAME (If not institution, give str 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR e cou Ca RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY LIMITS? Ma Balto YES 2 NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 resstman 21216 after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married Merried IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify 3 Wildowed 4 Divorced Jack COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Ray 17. FATHER'S NAME (First, Middle, Last) notified at eever BE MANT'S NAME (Type/Print) 19b. MAILING AODRESS (Stree 2 4216 å 20e. METHOD OF DISPOSITION must 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION 1 Burlet 2 Cremation 3 4 Donetion 5 Other (Specify) million 3 🗆 R examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HWast Jala medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximets shock, or heert failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death The disesse or condition within resulting in deeth) event. executed traumatic CERTIFICATION Sequentielly list conditions, if any, issding to immediate cause. Enter UNDERLYING 2 Sus certificate CAUSE (Disesse or injury other that initieted events resulting in death) LAST 10 23 shows any injury, PART II. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? that 1 ment PERFORMEO? 1 YES 2 NO 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item r this certificate h h with the State [ 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Yeer) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, death with 1 Natural 5 Pending t YES 2 NO BY OR ATTENDING After 2 Accident 28e. PLACE OF INJURY -- At home, ferm, street, fectory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) O THE HOSPITAL OR ATTENDII O THE FUNERAL DIRECTOR: A e filed within 72 hours after de Could not be determined COMPLETED 28 4 - Homicide IMPORTANT: If item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beel of my knowledge, death occurred at the lime, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0303 4-10-92 22 223 2 E ANO AOORESS OF PE SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type OSITA SECOURS Ruc 150N 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 15 1992



REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ETRA Green MONTH -8-55/AM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F MONTHS DAYS HOURS 214-14-3479 10/15/1906 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore City LE YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 711 Linnard Street 21229 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married BY 1 TYES 2 1 NO Specify: 3 Widowed 4 Divorced Negro COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ella Moore Rufus Moore BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Blanche Gordon 2643 Edmondson Ave Balto, Md. 21229 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 20s. METHOD OF DISPOSITION

1 St Burlal 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) cemetery, crematory or other place) Mt. Balto County . Md Zion Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSE! 22. NAME AND ADDRESS OF FACILITY JOSEPH L. RUSS FUNERAL HOME 2222 W. North Ave BAlto Md 23. PARTY Enter the desess, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition Cartinon a resulting in death) DUE TO (OR AS A CONSEQUENCE OF): undetermine CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): babic Pheaminia with Sopsis. If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) Heart Fail4re. that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 W NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCUREO 28c. INJURY AT WORK? 1 Natural 5 Pending 84 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE R.M. Shor mo 14-14-92 D19668 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore, MD R.M. SHAH. MD. 2600 (JACKT) 32. REGISTRAR'S SIGNATURE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT O	F HEALTH AND OF DEATH	MENTAL HYGIEI REG. NO	NE	2 10394	
	1. DECEDENT'S NAME (First, Middle, Last), JOSEPH	iam	GRINNA	V		2. DATE OF DEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 24-14-143	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 3/30/191	1.0	BIRTHPLACE (State or Foreign Country) Virginia	
SR	9e. FACILITY NAME (If not institution, give st GOOD SAMARITHAN HO			96. CITY, TO BALTII	WN DR LOCATION OF			Y OF DEATH	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	,	10c. Cr	ry, TOWN OR LI Balti	ocation more City			10d. INSIDE CITY LIMITS?  TO YES 2 NO	
MI	10s. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
NEF	5311 ST. George's				212			USA	
BY	1 Merrial Status  1 Merriad 2 Marriad  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D.	2 100	If ye	DECENDENT OF NISP.  a, specify Cuben, Mexi- YES 2 1 NO Specific No.	ANIC ORIGIN? (Specify Yo can, Puerto Rican, etc.) offy:	ns or No   14	Bleck, White, etc. Specify: Negro	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	B USUAL OCCUI work done durin use retired.)	PATION g most of worlding	16b, KIND OF BU	JSINESS/INDUS	TRY	
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Maide	n Sumame)		
BE (	William Grinnan					ssa Lacks			
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Sadie Sturdivant  5311 St. George's Ave Balto.Md. 21212								
	20a. METHOD DF DISPOSITION 20b. PLACE AND DATE DF DISPOSITION / Name of DATE 20c. LOCATION — City of Town, State								
	1   Studie   2   Cremation   3   Removal from State   Cometory, crematory or other place)     Clover, Virginia   Clover, Virg								
	21. SIGNATURE OF FUNERAL BERVICE LIC	ennee 9, Re	uss)	1 1 1 1 1 1 1 1 1	seph L. R				
	23. PART I. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Atheroscle	ach line.	not enter the	mode of dying, su	ich as cardiec or reap	piratory erres	t, Approximate interval Between Onset and Daeth	
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):								
CERT	resulting in death) LAST	A							
MEDICAL	PART II. Other algoriticant conditions	a contributing to death b	ut not resulting	in the under	lying cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF GEATH (C	Pheck only one)			
SIC	EXAMINER?  1 XYES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☑ ER/Outp	etient 3 DOA	OTHER:	Nome 5 - Residence	6 Other (Specify)			
BY PH	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIN	JURY	INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCUP	REO	
ED	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	atreet, factory,	office	28f, LOCATION (Street City or Yown, State	and Number or	Rural Route Number,	
COMPLET	nmal .	R: On the basis of examination						ause(a) and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	1000			29c. LICENSE NI		1	IONED (Month, Day, Year)	

nnd 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

111 PENN STREET, BALTIMORE, MARYLAND 21201

O.C.M.E.

32. REGISTRAR'S 31. DATE FILED (Month, Day, Year) 1992

▶ 04/12/92

1992 July 500 ....

BALTIMORE, MARYLAND 21203-3146

TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be made at the confidence of the state Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

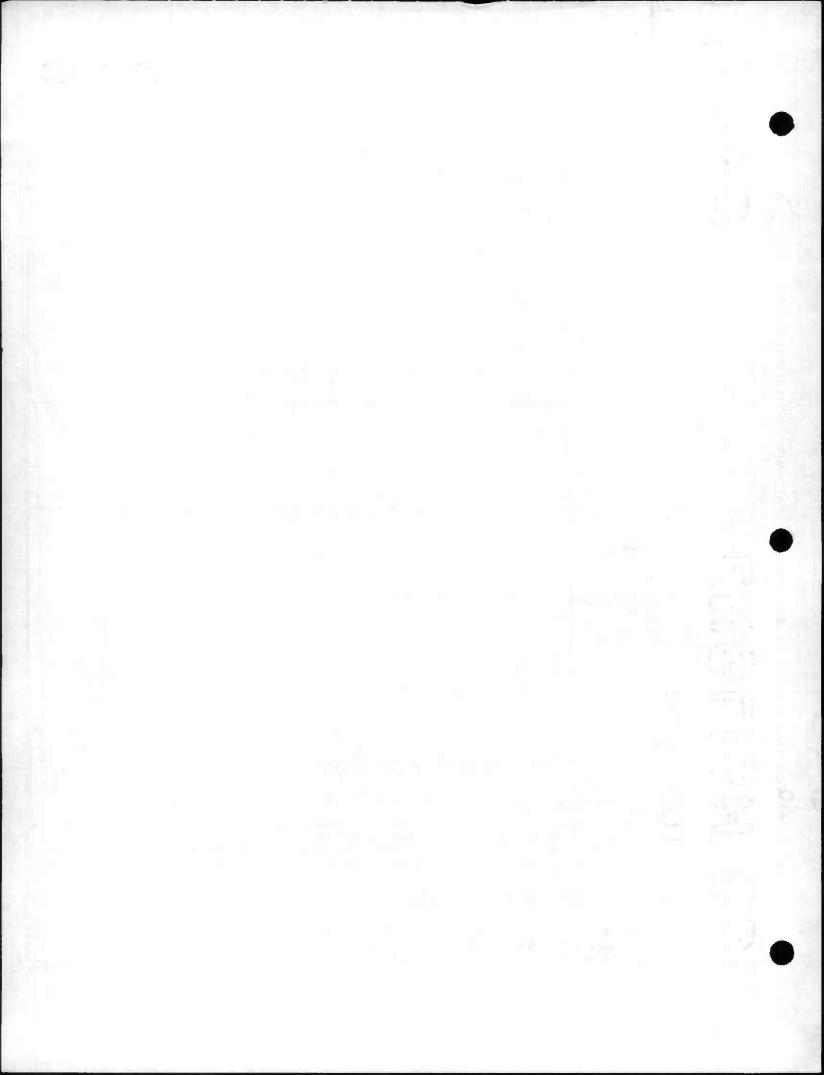
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TREGIOTIVIT			_,,,,,,,					1100.110	<u> </u>		
	1. DECEDENT'S NAME (First, Middle, Last)		621	AVC						MY	YEAR	3. TIME OF DEATH
1									4 10 1992			1550 M
		5. SEX t 💢 M 2 🗍 F	8. AGE (In yrs. Ia.	YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 3/31/19 S	-5	B. BIRTNPLACE (State or Fore Country)  Md.	
	9a. FACILITY NAME (If not institution, give stre-	et and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DEA		9c. COL	INTY OF C	
R	EASTERN CORRECTION	IAL IN	STITUT	70~	u	VES	TOVE	R	MD	Son	HERS	er
E	RESIDENCE OF DECEDENT									1		
DIRECTOR	10a. STATE 10b. COUNTY Md			10c. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CITY LIMITS? 1XXYES 2 □ NO	
	10e. STREET AND NUMBER					10	f. ZIP CODI	E		t0g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1321 Edmon	21223					} U			SA		
5		12. WAS DECEOEN' FORCES? 1	EVER IN U.S. AI						C ORIGIN? (Specify Ye, Puerto Rican, etc.)	e or No—	14. RAC Blac	E — American Indian, k, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W						Specify:			Be	ack
ED	15. DECEDENT'S EDUCA (Specify only highest grade of			ECEDENT'S Give kind of v				30	16b. KIND OF BU	JSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	) #6	Labo	e retired.)		JOE OF WORKI	9				1
M	17. FATNER'S NAME (First, Middle, Last)					_	16. MOT	NER'S NAM	NE (First, Middle, Meide	Sumama)		
	Edward	Burto	n				Be	etty	Jean Gr	ay		
BE	19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	AOORES	S (Street	and Number	or Rural Ro	oute Number, City or To	wn, State, Z	ip Code)	27 22 2
임	Catherine Grays								enue Bal			
	2 M NETNOO OF OISPOSITION 12 Deviate 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	ral from State	ZOB. PLACE	of dispos	MOT	ial	Par	natory or		Balto		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE/			22.	NAME A	NO ADDRE	SS OF FAC	CILITY	Pri	1/2	cs Anne.
	Mellyling	lare			10	37	TAN	100	EN AVE	////	718	53 md.
	23. PART I. Enter the dispases, or co shock, or heart failure. Li				not antai	r tha me	oda of dy.	ing, such	as cárdiac or rea	oiratory a	rrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	nic	CEMIN	A-DE D	,	nu,	'n BA	TER	IAL IL	LNES	5_	Onset and Death
	resulting in deeth) a.	DUE TO	(OR AS A CONSE	EQUENCE O	F):	70	COLI	vae	S PEND	INC		
N	Compatible Has and Mana C b.											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	ACC.	OR AS A CONSE	M MA	F): JNG	DEFI	LIEN	cy 5	YNDROME			i 1
은	CAUSE (Disease or Injury that initiated events		(OR AS A CONSE						77.0			
	reaulting in death) LAST	H	IV 1	NFE	ECT	10 M						
8									7			
A	PART II. Other aignificent conditions	contributing to	death but not	resuiting	in the u	nderlyir	ng cause	given in f	Part i. 24e. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음									1 YES	2 🗌 NO		OF DEATH?
MEDICAL						-			_			1 TYES 2 NO
ä												
PHYSICIAN:		HOSPITAL:			OTHE	R:			ick only one)			
17S	t  YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 26e, DATE OF		28b. TIN			JURY AT	asidence (	8 Other (Specify) 28d. DESCRIBE NOW	INTERPLO	CCURED	
BY Ph	1 Natural 5 Pending	(Month, D			JURY M	W	ORK? YES 2 [	□ NO	200. DEGOTIBE NOT		0001120	
	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE O	F INJURY — AI h	nome, farm,	street, fac	ctory, offi	ca		261. LOCATION (Stree City or Town, Stat		er or Rural	Route Number,
COMPLETED	4 Homicide determined											
교	29e. CERTIFIER (Check only 1 CERTIFYING PNYSIC	IAN: To the best of	my knowledge, d	death occurr	red at the	time, dat	e and place	a, and dua	to the cause(a) and m	enner as st	ated.	
S	2 MEDICAL EXAMINER	: On the basis of e	xemination and/o	r investigation	on, in my	opinion,	death occu	red at the i	ilme, data end place,	end due to	the cause	(s) and manner as stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	. ( ^						ENSE NUM		29d. DA	TE SIGNE	O (Month, Day, Year)
9	Mulliam Cru  \$0. NAME AND ADDRESS OF PERSON WHO	- 4	, M	D 27 75-	- Brient		100	27	21		411	0172
	WILLIAM ERIC	-		D (Type	618	MA	RKE1	- 57	focom	ol E	MI	21851
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	de M.					_			
	APK 10 1992	Jimes well	Agent - May									



	STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
I		C	ERTIFICATE	0	F DEAT	TH		REG. NO.

- STATE REGISTRAR	STATE OF MARYL	CERTIFIC	ATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  LDA W.		RG			2. DATE OF DEATH	Y YEAR		
4. SOCIAL SECURITY NUMBER 215-10-913-7	1 🗆 M 2 🗡 F	91 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	00 000	THPLACE (State or Foreign intry) RUSSIA	
98. FACILITY NAME (If not institution) give extreet and number)  CONTEL & 98. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE  RESIDENCE OF DECEDENT								
MARYLAND 106. COUN	ITY	10c. CITY, T	BALTIM				10d. INSIDE CITY UMITS? 1 YES 2 NO	
100. STREET AND NUMBER 5815 PARK HEIGH		107.	ZIP CODE	1215	109. CITIZEN OF	EN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 💢 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)			
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use no EXECUTI	done during mos stired.)	st of working	166. KIND OF BUSINESS/INDUS			
I7. FATHER'S NAME (First, Middle, Last)  JOSEPH WALPERT				16. MOTHER'S NA	n Surname) PHER YOFSIT			
					BALTIMORE		215	
23. PART I. Enter the diseases, or ahock, or haert felium		d the deeth. Do not			PSTOWN RD			
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	. CONGES	TIVE HE				iratory arrest,		
disease or condition	a. CONCES  DUE TO (OR AS a					ratory arrest,	Interval Between	
Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. CONCES  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	A C T	FAILURA g cause given in	Part I.   24e, WAS AN	AUTOPSY 2	Interval Betwee Onset and Da  24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO	
Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	a. CONCES  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlying ATTOR	g cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY 2	Interval Betwee Onset and Dai Onset and Dai 24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	a. CONCES  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlying  ATING  26. Pt  DTHER:  Nursing Hom  DY  WC	g cause given in  DEFEN  ACE OF DEATH (C)  10 5   Residence  URY AT  RK?	Part I. 24e. WAS AN PERFOR	AUTOPSY 2	Interval Betwee Onset and Da	
Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d  HOSPITAL:  1 Vingetient 2 = ER/Out  (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  VENT(L)  Ty — At home, ferm, stri	the underlying  ATOR  26. PI  DTHER:  Nursing Hom  OFF 28c. INI  WC  M 1	g cause given in  DEFEN  ACE OF DEATH (C)  THE S   Residence  URY AT  THE THE S   NO	Part I.  24a. WAS AN PERFOR  1 VES 2  heck only one)  6 Other (Specify)	AUTOPSY MED?  INJURY OCCURED  and Number or Rur	Interval Betwee Onset and Da	
Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d  HOSPITAL:  1 Vingetient 2 = ER/Out  (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  VENTLL  tention 3 DOA 4  28b. Time c INJUR  Y — At home, ferm, streenly)	the underlying A T to C  28. Pt  THER:  Nursing Hom  TF  WC M  1   1   1   1   1   1   1   1   1	g cause given in  DEFEN  ACE OF DEATH (C)  10 5   Residence  URRY AT  19K?  YES 2   NO  a  and place, and du	Part I.  24e. WAS AN PERFOR  1 VES 2  1 VES 2  26d. DESCRIBE HOW ( 26f. LOCATION (Street City or Town, State)  e to the cause(a) and ma	AUTOPSY MED?  INJURY OCCURED  and Number or Rur	Interval Betwee Onset and Dail 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO	
Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d  DUE TO (OR AS  d  PART LET  1 Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY (Month, Day, Year)  28c. PLACE OF INJURY (Month, Day, Year)  1 YSICIAN: To the best of my known inter: On the basis of examination of the page of the page of the	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  VENTLL  tentions 3 DOA 4  28b. Time conjugate of the conjuga	the underlying A T to C  28. Pt  THER:  Nursing Hom  TF  WC M  1   1   1   1   1   1   1   1   1	g cause given in  DEFEN  ACE OF DEATH (C)  10 5   Residence  URRY AT  19K?  YES 2   NO  a  and place, and du	Part I.  24a. WAS AN PERFOR  1   YES 2  And PERFOR  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  e to the cause(a) and mage time, date and place, ar	INJURY OCCURED and Number or Run oner as stated, and due to the caus	Interval Betwee Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset	



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29b. SIGNATURE AND TITLE OF CERTIFIER

APR 15 1992

Ohna

30. NAME AND ADDRESS DF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GISTRADE SIGNATURE

TO THE FUNE OF TO THE FUNE OF THE WITHIN 72 PER IMPORTANT III

92 10397 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR GEORGE PROBERT HARDESTY, Apr. 1992 11:14 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 04/01/1922 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) HOURS 1 X M 2 F YRS. 215 14 0667 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Bc. COUNTY OF DEATH FUNERAL DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE PHOENIX 1 YES 2 NO 101 ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 3815 BLENHEIM ROAD 21131 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 TYES 2' 1 Never Married 2 Merried
3 Divorced If yes, specify Cuben, Mexicen, Puerto Rican, etc.) BY 1 TES 2 NO Specify: Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) 11 Contractor Plumbing & Heating 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) George R. Hardesty, Sr. Agnes M. Burdette 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Doris M. Hardesty 3825 Blenheim Rd., Phoenix, Md. 21131 20a METHOD OF DISPOSITION
1 Seriel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE emetery, cremetory or other place)

Lakeview Memorial Park 4/14 4 Donation 8 Other (Specify) Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Lemmon-Mitchell-Wiedefeld Paul A. Lochstampfor 10 W. Padonia Rd., Timonium, Md.21093 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CARDIAC ARREST
DUE TO (OR AS A CONSEQUENCE OF): minues CORONARY ARTERY DISEASE CERTIFICATION yero Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury AODM. HYPERTENSION. CRF that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? rend dycan 1 YES 2 HO Periolen Varcale discu 1 - YES 2 - NO PHYSICIAN: 1000 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1- Natural 5 Pending 1 YES 2 ND ВУ 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Flural Route Number, City or Town, Stete) 3 Sulcide ETED 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) end manner as stated.

29c. LICENSE NUMBER

Paul

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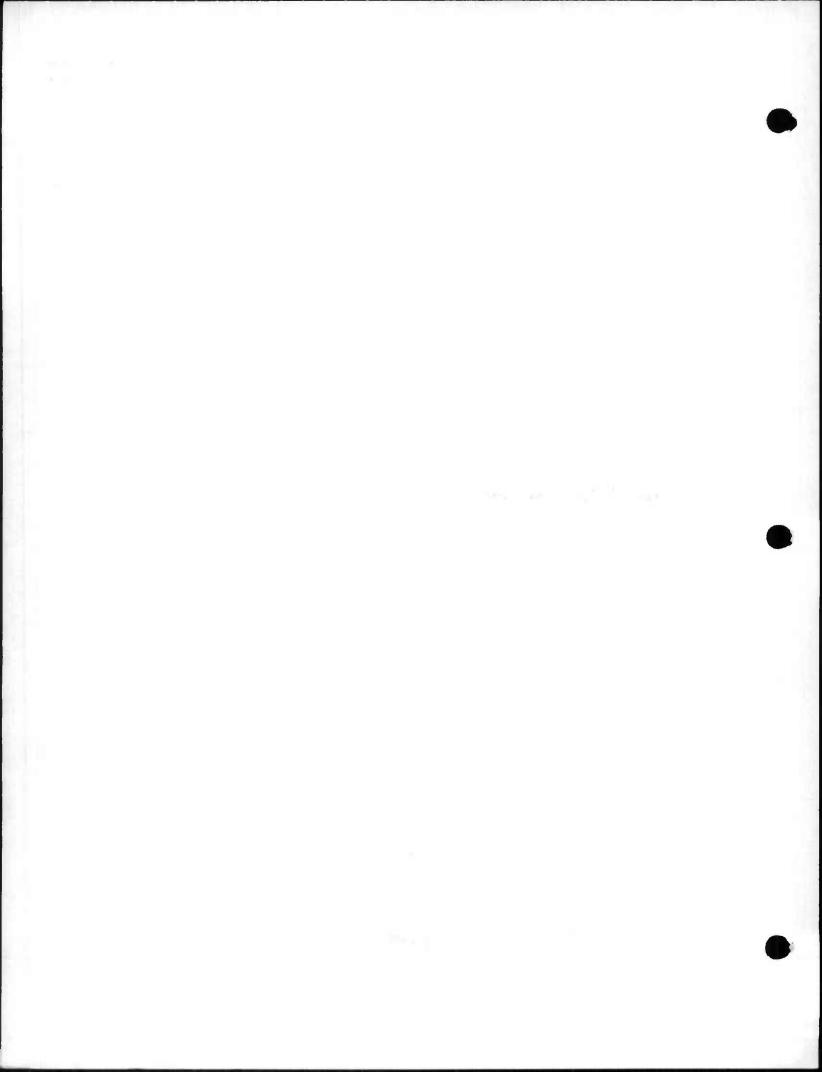
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29d. DATE SIGNED (Month, Day, Year)

4/11/92



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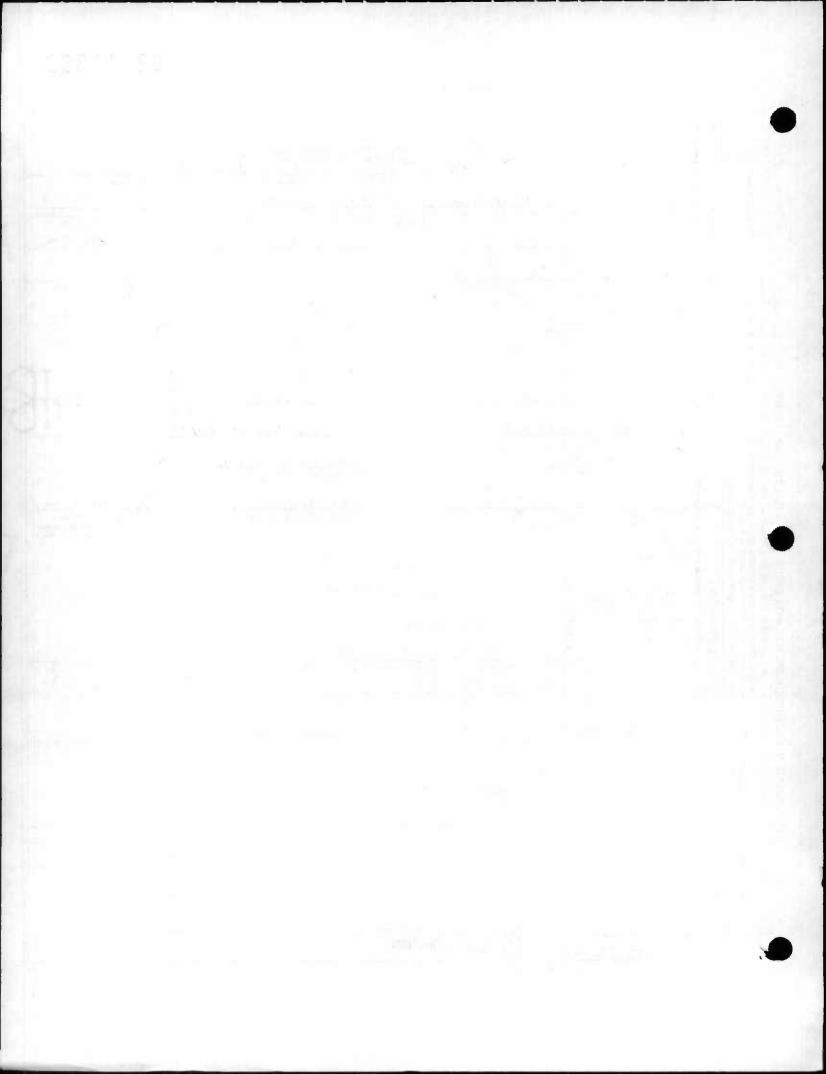
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH MONTH DAY	13 gr	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	0.5a le 6. AGE (In yrs. 1 M 278 F 66	inat birthday) IF UND	ER 1 YEAR OF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-24-24	_ 0	IRTHPLACE (State or Foreign ountry)		
TOR	Se. FACILITY NAME (If not institution, give stree	Hospital	9b. CIT	ALTimore		9c. COUNTY C	F DEATH		
L DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION  I MORE  101. ZIP CODE			10d. INSIDE CITY LIMITS?  1 YES 2 \( \square\) NO		
FUNERAL	3604 Park 1	teights Aug	e	21218	5	4.5	OF WHAT COUNTRY?		
BY	1 Never Married 2 Married  3 Widowed 4 Divorced		ZNO 13	. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 700 Specif	en, Puerto Rican, etc.)		ACE — American Indian, Black, Whita, etc.		
COMPLETED	15. OECEOENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		DECEOENT'S USUAL (Give kind of work done life. Do NOT use retired.	during most of working	16b, KIND OF BUSI	NESS/INDUSTR			
	17. FATHER'S NAME (First, Middle, Leat)		Jus	18. MOTHER'S N	AME (First, Middle, Maiden S	lumame)			
TO BE	100 INFORMANT'S NAME (Type/Print) LYENE SWAI	NSON	196. MAILINO ADDRES	SS (Street and Number or Rural D M Well R	Route Number, City or Tolyo Hereil	State, Zip Code	nd.		
	20a. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Remove 4 Denation 5 Other (Specify)	of from State cemeters.		ion comeTer	-14-179 Lan	ATION - City o	r Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	luf.	1	EVOY Hours	638 01	Gilm	or St. 21217		
	IMMEDIATE CAUSE (Finsi	nplications thet ceused the it only one cause on each if	desth. Do not ente ine.	r the mode of dying, suc	h as cardiec or respir	story srrest,	Approximate interval Between Onset and Death		
	disease or condition resulting in death) s	DUE TO (OH AS A CON	SEOUENCE OF):						
TION	Sequentially list conditions, If any, leading to immediate  b. Que to (or as a consequence of):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d. Cadia ca								
AL	PART II. Other algorificant conditions of	ontributing to death but no		nderlying cause given in	Part I. 24e. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
PHYSICIAN: MEDIC					1 YES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO		
SICIAN		OSPITAL:	3 □ DOA A □ No	26. PLACE OF DEATH (Cr.					
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW IN.	JURY OCCURE			
	2 Accident Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED		N: To the best of my knowledge, On the basis of examination and/					se(a) and manner as stated.		
TO BE C	TOO. SIGNATURE AND TITLE OF CENTIFIER	М.Д	,	29c. LICENSE NUI	MBER	29d. DATE SIGN	MED (Miprith, Day, Year)		
	A DOG SI	to of New	ology,	UMMS .	225. Cre	en S	St. Bulyman		
	LADD 18 1992	32. DEGISTRAP'S SIGNATURE Julia Davidson-1	fandalls.				4M		



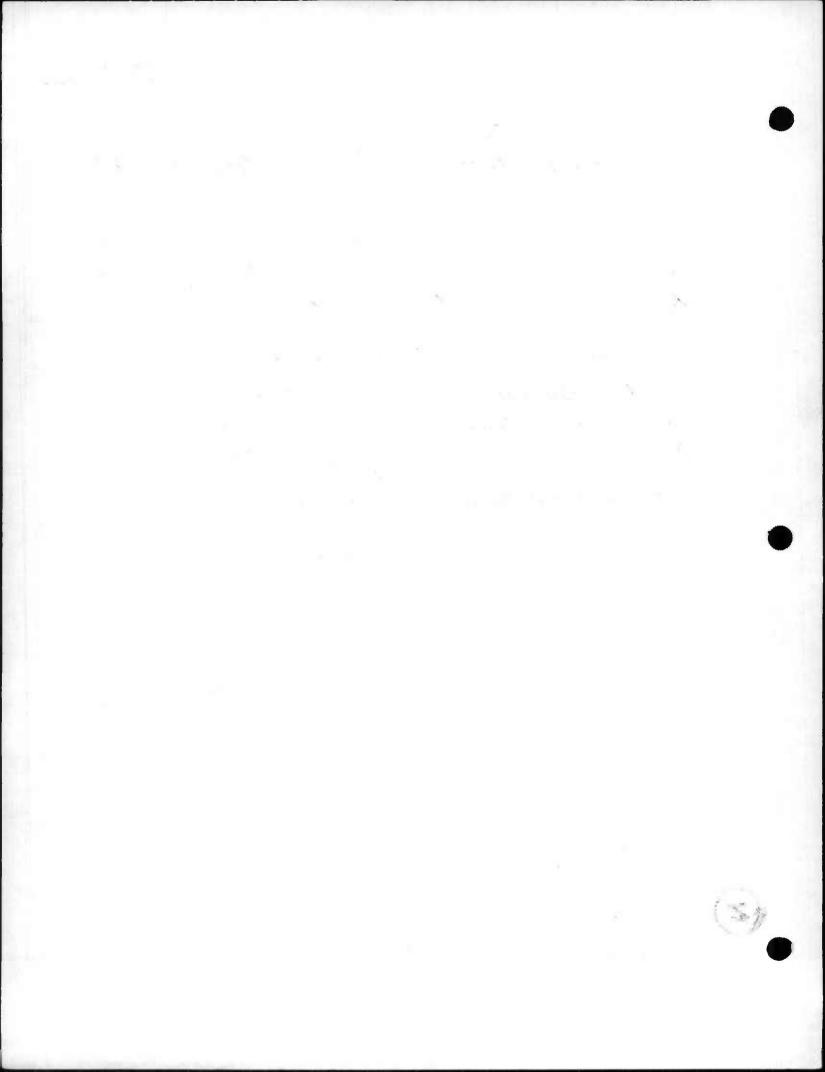
THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE PUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use at the burial-transit permit

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3. TIME OF DEATH  7:57 P. M  PLACE (State or Foreign  104. INSIDE CITY LIMITS?  1 VES 2 \( \) NO
PLACE (State or Foreign  Y)  EATH  10d. INSIDE CITY LIMITS?  1 VES 2 \( \text{NO} \) NO
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WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,  and manner se stated.  (Month, Day, Year)  1992
WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Noute Number.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 4:11 ermi 04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State 577-05-8845 1 M 2 F 2 23 78 Washi 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Degton H DIRECTOR Baltimore 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Columbia Howard 1 XES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10311 Wilde Lake Terrace 21044 Unite States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 💢 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: Black 3 Widowed 4 Divorced BE COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Retired 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at John Hill Lurene Banks 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Darryl Hill 2 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Olivet Cemetery Donation 5 Q Other (Specify) 4/12/92 Washington, D.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Stewart Funeral Home 4001 Benning Road, NE. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory errest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finsi Onset and Death disease or condition resulting in death) rutte event, (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TES 2 N 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 patient 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND ATTLE OF CERTIFIES BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8846 2 30. NIXIVE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE he builder tondette



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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 11.20M ACOBL. HAWKINS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Feb. 20, 1 XM 2 | F 82 18 8414 1918 Meadows, Md executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATN So · MARYLA DIRECTOR MOSPITAL KINCE KINTON GEONGE RESIDENCE OF D 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland PG Temple Hills XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6401 Gifford Lane 20748 United States 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 YES 2 NO Specify: 3 Widowed 4 Olvoroed Specify: Black COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Private Labor 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Jacob Thomas Hawkins notified at BE Martha Brooks 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Barbara Fletcher 6401 Gifford Lane Temple Hills, Md. 99 20a. METNOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION — City or Town, State 3 🗆 5 Other (Specify) St Lukes Ü. M. Cemetery Meadows, Md. examiner NATURE OF FUNERAL SERVICE LICENSEE HE-WAME AND ADDRESS OF FACILITY Stewart Funeral Home 4001 Benning Road, NE. medicai I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or heert faliure. List only one ceuse on each line. 8 interval Between IMMEDIATE CAUSE (Final Onset and Death the distage or condition resulting in death) or other traumatic event, Слет has been signed by the attending physician and con Dept. of Health and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST snes injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 | YES 2 | NO 1 | YES 2 | NO 23 25. WAS CASE REFERRED TO MEDICAL this certificate h item 26. PLACE OF OEATH (Check only one) HOSPITAL 1 YES 2 NO OTHER: ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 🗆 Rasidence 6 🗀 Other (Specify) 6 26a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OFATN 28b. TIME OF 26c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCUREO is marked, 5 Pending Investigation 1 X Natural BY 1 YES 2 NO TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after death IMPORTANT: If item 28 is man 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data end place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 포포를 a 2 2 3 10 W. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 12. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julia Davidson-Randelle 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 5 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State heart and Mental Montal Montal Administration of respect to the State heart and Mental Montal Montal Administration of respect to	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 70 bours after death with the State Death of Health and Mental Horison price to hunder presentation or seminate.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1 - FOR REGISTRAR	STATE OF I	MARYLAND /	_DEPAF	RTMEN	T OF H	HEALTH	AND	MENTAL HYGIEN	9 : NE	2	10402
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	F	<u>c</u>	ERTIF	CATI	E OF	DEA	ГН	2. DATE OF DEATH MONTH		Q <sup>YEAR</sup>	3. TIME OF DEATH  3:15pm M
	4. SOCIAL SECURITY NUMBER 196 09 3021	5. SEX 1 ⊠ M 2 ☐ F	6. AGE (In yrs. In	at birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH		a BIRTI	3:15pm M   HPLACE (State or Foreign   2 nnsylvania
OR	9e. FACILITY NAME (If not institution, give st 1520 Farlow Ave	street and number) 9b. CITY, TOWN OR LOCATION OF DEA						rundel				
DIRECTOR	Pennsylvaria Ca	mbria Conemaugh								10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 453 Second Stre	et				1.50	1. ZIP COD			10g. CIT		WHAT COUNTRY?
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BE CON	17. FATHER'S NAME (First, Middle, Last)  James Hart						100000		ME (First, Middle, Maiden Motter	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Shirley Dyak-Da	bney	19	1520	Fal	S (Street a	Number	or Rural F	Poute Number, City or Toxe, Crofto:	vn, State, Zij	D 2	21144
	20a. METHOO OF DISPOSITION   1 K Burlei 2   Cremetion 3   Removal from State   4   Donation 5   Other (Specify)   Sacred Heart Church Cem.   Conemaugh, PA											
	21. SIGNATURE OF PARENAL SERVICE LIC	wla	les		22.	Ive		ears	son Fune:	ral 201	Home	9 S
	23. PART I. Entar the diseasea, or cahock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	DMPIICATIONS that List only one ceu	ise on each ilne								reat,	Approximeta Interval Batween Onset and Death
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ву РНУ	27. MANNEB OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY ey, Year)	28b. TIM INJ		28c. INJ WO			28d. DESCRIBE HOW	INJURY OC	CURED	
	2 Accident 3 Suicide 8 Could not be datarmined  28s. PLACE OF INJURY — Al home, tarm, street, factory, office building, atc. (Specify)  28s. PLACE OF INJURY — Al home, tarm, street, factory, office City or Town, State)							loute Number,				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC (Check only one)  2 MEDICAL EXAMINER								to the cause(s) and mai			) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	lle	mo				29c. LICE	NSE NUM	BER 77 8	29d. DAT	E SIGNED	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	11LL	ECC	M 27) (Type,	Print)		KA	44	POSTI J	4 /	AVE.	21401
	31. DATE FILED (Month, Dey, Year)  ADD 15 1992	32. REGISTRA	R'S SIGNATURE	102								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificals be executed within 27 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been agreed by the attending physician and companies which in by the funeral director, page 5 should be detached within 72 hours after death with the State Duer of Health White House property that the state of the Companies of the funeral death with the State Duer of Health White Property and Companies of the funeral death with the State Duer of Health White State Duer of	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	4. SOCIAL SECURITY NUMBER	S. SEX 8. AGE (In yrs. In	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	ms. 7. DATE	OF BIRTH	, 1	9. BIRTHPLA	CE (State or Foreign
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AL	10s. STREET AND NUMBER	0 1	-	1	Of. ZIP CODE	1		10g. CITI	ZEN OF WHAT	
ER	3805 9W	VAN DAKE A	ve		21	207		1	JZA	
FUNERAL		2. WAS DECEDENT EYER IN U.S. A FORCES? 1 YES 2	RMED	13. WAS DE	CENDENT OF H	ISPANIC ORIGI	IN7 (Specify Ye	s or No-	14. RACE —	American Indian,
BY F	1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	109 6		specify Cuban, N		Ricen, etc.)		Bleck, WI	ora, etc.
	15. DECEDENT'S EDUCA	3-22-51-101-	12-2,	11/						DLACK_
1	(Specify only highest grade co	mpleted) ((	ECEDENT'S Give kind of v e. Do NOT us	USUAL OCCUPATION dork done during r	TION nost of working	16	b. KIND OF BU	SINESS/IND	USTRY	
PL	Elementary/Secondary (0-12)	College (1-4 or 8+)				17	Z=th/	· hea	2510	=E /
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER	'S NAME (First.	Middle, Maiden	Sumamal	TOTO	
BE C	GEORGE HURT	SR.			11.00	TINICA	,	,		
	19a. INFORMANT'S NAME (Type/Print)	11	Db. MAILING	ADDRESS (Street		11011	nber, City or Tou	m, State, Zip	Code)	21207
2	WALTHER HY	RT JR. 3	3805	5 GW	YNN	DAK	AVE	BA	ALTO.	
	20a. METHOD OF DISPOSITION  1 Disputation 2 Cremation 3 Remove	20b. PLACE	AND DATE C	F DISPOSITION (	Vame of	DA	TE 20c. LC	CATION —	City or Town,	State
	4 Donation 8 Other (Specify)	GARR	150N	FORE	IT VET.	CON 4-	16-65 0	WING	s, mb	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		MAR.	AND ADDRESS	NERAL	HOM	E-W	EST	
	- Mulley	wan		430	ACU DO	BASH	Aug	B	ALTO.	D. 21215
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lie	mplications that caused the dist only one cause on each lin	esth. Do n	ot enter the m	ode of dying,	such as car	diac or reap	iratory arre	est,	Approximata
	IMMEDIATE CAUSE (Final	AND SHAME OF THE OWNER OWNER OWNE							j	Interval Batween Onsat and Death
	disease or condition	HCV							ļ	
		DUE TO (OR AS A CONSE	OUENCE OF	):						
RTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
I K	if any, leading to immediate cause. Enter UNDERLYING	out to (oil ho h oolige	OULITOR OF	,						
트	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSE	OUENCE OF	):						
	resulting in death) LAST	,,								
CEI	PART II. Other significant conditions	contributing to death but not	resulting i	n the underlid		a fa Para I			1	
8		to doubt but not	roaditing t	i ine dilderiyi	ng cause give	W1 001 P-000 C 1.	24a. WAS AN PERFO		AVA	LABLE PRIOR TO IPLETION DF CAUSE
MEDICAL							1 🗌 YES 2	P □ NO	OF	DEATH?
							-		1 1	YES 2 ND
A	25. WAS CASE REFERRED TO MEDICAL		1	26. (	PLACE DF DEATI	H (Check only o	ne)			
Sic		OSPITAL:  Inputient 2 ER/Outputient :	L DOA	OTHER: 4 Nursing Ho	me 5 🗆 Raside	erice 8 🗆 Oth	er (Specify)			
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c, II	JURY AT		SCRIBE HOW I	NJURY OCC	URED	
1   Netural   5   Pending   (Morith, Day, Year)   INJURY   WORK?										
ED	3 Suicide 6 Could not be	28a. PLACE DF INJURY — At he building, etc. (Specify)	ome, farm, s	treet, factory, off	Ica	281. LOI	CATION (Street or Town, State)	and Number	or Rural Route	Number,
ET	4 Homicide detarmined						, ,			
PP.	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, de	eath occurre	d at the time, da	and place, and	d due to the ca	use(a) and med	nner as state	ed.	
COMPLET	one) 2 MEDICAL EXAMINER:	On the basis of examination and/or	Investigation	n, in my opinion,	death occured a	it the time, det	s and place, an	d due to the	e cause(s) and	manner as stated.
BE	296. SIGNATURE AND TITLE OF CONTER				29c. LICENSE			29d. DATE	SIGNED (Mor	
0	30, NAME AND ADDRESS OF PERSON WHO O	12 000			100-	16 29			4-11	1-92
		TIMES ATEC CAUSE OF BEATWATE	SE OT /T-	Christ) .					/	

JEUDY

eted cause of Death (ITEM 27) (Type, Print)

w 149 W + wlbn

Bult Uld 1212

JURGOT

31. DATE FILED (Month, Day, Year)
APR 15 1992

DHMH-18 Rev 1/89

(Ly)

is 1, 2, 3 should

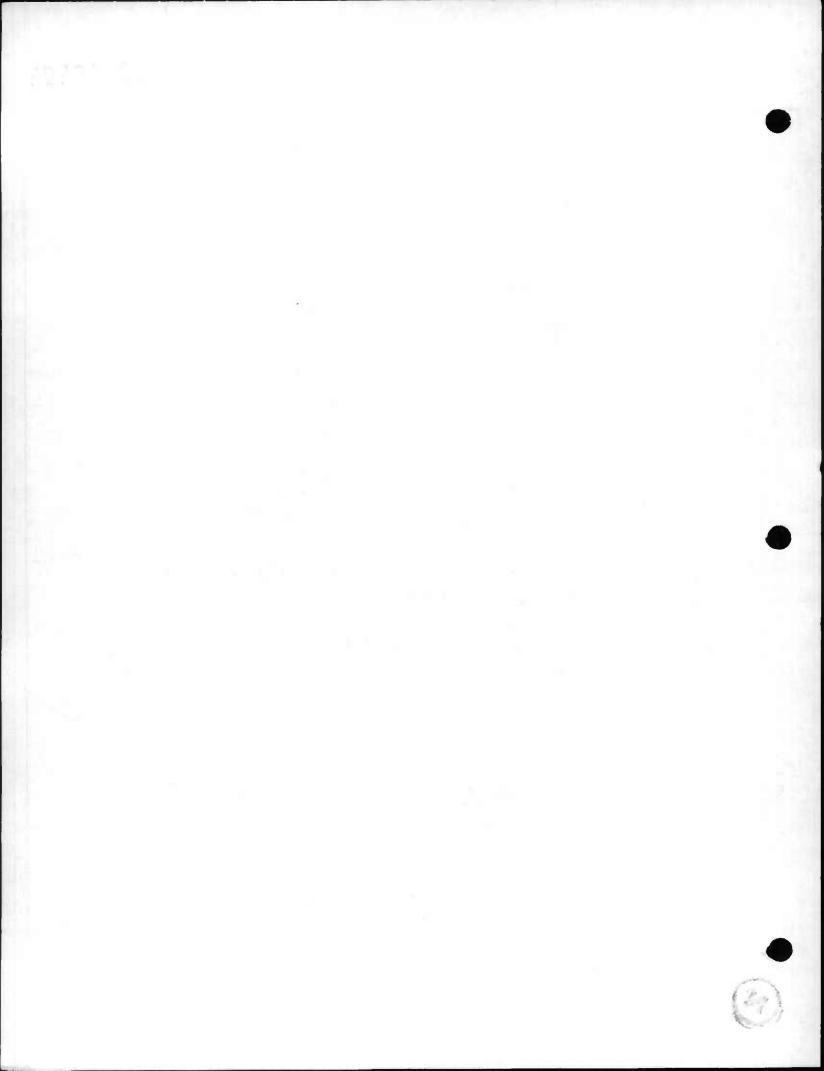
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR April 13. MARIA ANNA HAUPT 1992 9:30 A: M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F YRS. 212-26-8416 11-20-1900 Germany 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3408 Mary Ave. Baltimore Citu 10e, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland City Baltimore. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3408 Mary Ave 21214 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 1 TES 2 1 NO Specify Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 8 Homemaker Own Home. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Albert Bachmaier Katharina Breitweg BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Alfred A. Zeller 3408 Mary Ave., Baltimore MD. 21214 20s. METHOD OF DISPOSITION
10 Burlai 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Parkwood Cemetery Baltimore, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT C. ALTENBURG FUNERAL HOME INC. weard Manie 6009 Harkord Rd.. Baltimore. 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause an each life. Approximata Interval Between Onsel and Death **IMMEDIATE CAUSE (Final** disease or condition EARS resulting in death) Cardovariu elie CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORM AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES OF DEATH? TES PON PHYSICIAN: IS. WAS CASE REFERRED TO A **EXAMINER?** 1 TYES 2 LA 2 C ER/Outpatient 3 C DOA 27. MANNER OF CEATH BY Accident Suicide COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. investigation, in my opinion, death occured at the time, date and place, and de BE 29d, DATE SIGN un 2 E AND ADD LETED CAUSE OF DEATH 0

32. REGISTRAR'S SIGNATURE

APR 15 1992



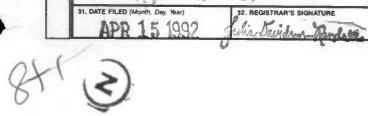
DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle,	(Last)						2	DATE O	F DEATN			3. TIME OF DEATH
	ENNIS A	ANDREW JAME	S. SR.						MONTH 04	12	92	YEAR	2:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)		R 1 YEAR	IF UNDER	24 HRS. 7.	DATE OF	FBIRTN			PLACE (State or Fore
	230-12-3166	1 M 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	08	04 04	22	VIR	GINIA
	9a. FACILITY NAME (If not institution,	, give street and number)			96. CIT	Y, TOWN	OR LOCATIO	ON OF DEAT			9c. COUN		
OR	3238 KESWI	CK ROAD				B	ALTIM	<b>10RE</b>					
5	RESIDENCE OF DECEDEN	OUNTY											
DIRECTOR	MARYLAND	JOONTY		10c, CI	TY, TOWN		IMORI	7					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER										_		1 X YES 2
FUNERAL	The state of the s	SWICK ROAD				101	f. ZIP CODE				10g. CITIZ		HAT COUNTRY?
2	11. MARITAL STATUS	12. WAS DECEDE	INT EVEN IN II C						21211 US  HISPANIC ORIGIN? (Specify Yes or No				
	1 Never Married 2 Married	FORCES?	1 VES 2			If yes, sp	ecify Cuba	n, Mexican, F	ORIGIN? Puerto Ric	(Specify Yes	s or No—	14. RACE Black	<ul> <li>American India</li> <li>White, etc.</li> </ul>
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			1 YES	2/ NO	Specify:				Specif	WHITE
E	15. DECEDENT			DECEDENT'S	B USUAL O	CCUPATIO	ON		16b. K	IND OF BU	SINESS/INDU	JSTRY	
Щ	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	5+)	(Give kind of life. Do NOT u	work done use retired.)	during mo	st of workin	g					
COMPLET	6TH			PLUMB	ER								
Ö	17. FATHER'S NAME (First, Middle, La	nat)					16. MOTH	HER'S NAME	(First, Mic	idle, Maiden	Surname)		
BE	JAMES AND	DREW JAMES					I	ELLA E	BAXTI	ER			
5	19a. INFORMANT'S NAME (Type/Print	0		196, MAILING	G ADORES	S (Street a	nd Number	or Rural Rout	te Number	City or Tow	n, State, Zip (	Code)	
F	DORIS ILENE J	JAMES		323	8 KES	SWIC	K ROA	D, BA	LTI	MORE,	MARY	LAND	21211
	20a. METHOD OF DISPOSITION 1 M Burlel 2 ☐ Cremetion 3 ☐	Damani from State	20b. PLA	CE AND DATE	OF DISPO	SITION (Na	me of		OATE	20c. LO	CATION - C	Ity or Tov	wn, State
	4 Donation 5 Other (Specify		_ GLEN	HAVE	other place. N MEI	MORI	AL PA	ARK 4/	15/9	92 G	LEN B	URNI	E, MARY
	21. SIGNATURE OF FUNERAL SERVI	ICE LICENSEE	. )	- 14				S OF FACILI					
	1 /1/1	1 1	/										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):									MD. 212 Approxim			
IFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO	O (OR AS A CON	ISEDUENCE C	not enter	3818 r the mo	ROLA	ng, such a	ENU	E. BA	LTIMO	RE.	MD. 212 Approxim
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	O (OR AS A CON	ISEDUENCE C	not enter	3818 r the mo	ROLA	AND AV	ENU	E. BA	LTIMO	RE.	MD. 212 Approxim interval B
EDICAL CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO  c. DUE TO  d.	O (OR AS A CON	ISEDUENCE C	not enter	3818 r the mo	ROLA de of dyi	AND AV	rt I. 2	E. BA	LTIMO Iratory arre	RE,	MD . 212 Approxim Interval B Onset and  WERE AUTOPSY FI AMAILABLE PRIOR
MEDICAL	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  c. DUE TO  d.	O (OR AS A CON	ISEDUENCE C	not enter	3818 r the mo	ROLA de of dyi	AND AV	rt I. 2	E, BA ic or reapl	LTIMO Iratory arre	RE,	MD 212  Approximinterval B Onset and  WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF CO
MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death and conditions in death an	a	O (OR AS A CON	ISEDUENCE C	not enter	3818 r the mo	ROLA de of dyi	AND AV	rt I. 2	E, BA ic or reapl	LTIMO Iratory arre	RE,	MD 212  Approximinterval B Onset and  Were Autropsy Fi AWAILABLE PRIOR COMPLETION OF CO
SICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  c. DUE TO  d. MOSPITAL:	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	ISEQUENCE C	not enter	3818 r the mo	ROLA de of dyi	AND AV	rt I. 2	E, BA ic or reapl  44. WAS AN PERFOR	LTIMO Iratory arre	RE,	MD 212  Approxim Interval B Onset and  Were Autropsy Fi AWAILABLE PRIOR COMPLETION OF CO
SICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or conditions in death cause.	B. DUE TO  C. DUE TO  d. DUE TO  d. HOSPITAL: 1   Inpatent 2	O (OR AS A CON O (OR	ISEQUENCE CONSEQUE	not enter	3818 r the mo	ROLA de of dyi	AND AV ng, such a Rayy  pliven in Par  EATN (Check	rt I. 2 only one)	E, BA correspi	LTIMO Iratory arre	RE ,	MD 212  Approxim Interval B Onset and  Were Autropsy Fi AWAILABLE PRIOR COMPLETION OF CO
PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	B. DUE TO  C. DUE TO  d. DUE TO	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	ISEQUENCE CONSEQUE	OF):  OF):  OTHE 4   Num	3818 r the mo	ROLA de of dyi  Solution  Grant According to the property of t	Ray	rt I. 2 only one)	E, BA correspi	LTIMO Iratory arre	RE ,	MD 212  Approxim Interval B Onset and  Were Autropsy Fi AWAILABLE PRIOR COMPLETION OF CO
BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  10 Natural 5 Pending investigned inves	b. DUE TO  c. DUE TO  d  CAL HOSPITAL: 1   Inpatient 2 28e. DATE 0 (Month, 28e. PLACE	O (OR AS A CON O (OR	ISEQUENCE CONSEQUE	OF):  OF):  OTHEL 4   Num ME OF JURY M	3818 r the mo  26. Pt. R: R: Right Norm 28c. INJ WOOD 1   1	ROLA de of dyi  Solution  Grant Ace of Di  Ace of Di  Re  URY AT  WES 2	AND AV ng, such a  Ray  Bluen in Pai	rt I. 2 only one) Other (:	E, BA ic or reapl  4a. WAS AN PERFOR  I YES 2	AUTOPSY INDEX  NURY OCCU	RE,	Approximinterval B Onset and Onset a
LED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or conditions in death and cause. Examiner?  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  10 Natural 5 Pending Investigations.	B. DUE TO  DUE TO  d. DUE TO  d. DUE TO  DUE T	O (OR AS A CON O (OR AS A CON) O (OR AS A CON)	ISEQUENCE CONSEQUE	OF):  OF):  OTHEL 4   Num ME OF JURY M	3818 r the mo  26. Pt. R: R: Right Norm 28c. INJ WOOD 1   1	ROLA de of dyi  Solution  Grant Ace of Di  Ace of Di  Re  URY AT  WES 2	AND AV ng, such a  Ray  Bluen in Pai	rt I. 2 only one) Other (:	E, BA ic or reapl  4a. WAS AN PERFOR  I YES 2	LTIMO Iratory arre	RE,	MD . 212 Approxim Interval B Onset and  WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF 10 OF DEATH?  1 YES 2
ETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  10 Natural 5 Pending Investigation of the condition	B. DUE TO  DUE TO  d. DUE TO  d. DUE TO  DUE T	O (OR AS A CON O (OR	ISEDUENCE CONSEDUE	OF):  OF):  OF):  OTHE: 4  Num ME OF JUHY M street, factoring	3818 r the mo	ROLA de of dyi  ACE OF DI  ACE OF	AND AV ng, such a  Rayy  elven in Par  elven in Par  eldence 6 E  28	only one) Other (:  Other (:  Other (:  Other (:)  Other (:)  Other (:)	E, BA  Ida. WAS AN PERFOR  I VES 2  Specify)  RIBE HOW III	AUTOPSY MED?  NJURY OCCU	RE,  24b.  URED	MD . 212 Approxim Interval B Onset and  WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF 10 OF DEATH?  1 YES 2
ETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  10 Natural 5 Pending Investig 2 Accident a Could in determine the process of the condition of the condi	b. DUE TO  c. DUE TO  d  CAL HOSPITAL: 1   Inpatient 2  28e. DATE 0 (Month, 1)  cot be bened	O (OR AS A CON O (OR	ISEDUENCE CONSEDUE	OF):  OF):  OF):  OTHE: 4  Num ME OF JUHY M street, factored at the textored at the textored.	3818 r the mo  26. Pl R: raing Nom  26. INJ  tory, office	ROLA de of dyi  ACE OF DI  ACE OF	AND AV ng, such a  Rayy  elven in Par  eldence 6 E  28  ND  28	only one) Other (: Id. OESC!	E, BA  Ida. WAS AN PERFOR  I VES 2  Specify)  RIBE HOW III  ION (Street of Yown, State)	AUTOPSY MED?  In NO  NJURY OCCU	RE,  24b.  URED  Or Rural Re d.	Approxim interval B Onset and Onset
TED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  10 Natural 5 Pending Investig 2 Accident a Could in determine the process of the condition of the condi	B. DUE TO	O (OR AS A CON O (OR	ISEDUENCE CONSEDUE	OF):  OF):  OF):  OTHE: 4  Num ME OF JUHY M street, factored at the textored at the textored.	3818 r the mo  26. Pl R: raing Nom  26. INJ  tory, office	ROLA de of dyl  ACE OF DI  ACE OF DI  BRAT RES  end place, leath occur	AND AV ng, such a  Rayy  elven in Par  eldence 6 E  28  ND  28	only one) Other (: Bd. OESCI	E, BA  Ida. WAS AN PERFOR  I VES 2  Specify)  RIBE HOW III  ION (Street of Yown, State)	AUTOPSY MED?  Indiana Mumber of the state of due to the	RE, pet,  24b.  URED  A cause(s)	MD . 212 Approxim Interval B Onset and Onset and WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF 0 OF DEATH? 1 YES 2



10406 92

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this co	IMPORTANT: If Item 28 is marked,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Items 23 Part I,27,28a,b,c,d,e,f per MEO, G-686, 4/17/92 gn

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	EKIJE	ICATI	= OF	DEAT	H		REG. NO			
a ·	1. DECEDENT'S NAME (First, Middle, Last) TYRONE				JET	ER			2. DATE O MONTH 04		19	92	3. TIME OF DEATH 2:40 A
	4. SOCIAL SECURITY NUMBER 148-56-2193	5. SEX 1 M 2 F	6. AGE (In yrs. In: 32	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, 6-29-	Day, Ybar)		B. BIRTH	LTO, MC
un l	90. FACILITY NAME (If not institution, give s UNIVERSITY HOSPI  RESIDENCE OF DECEDENT						ORE (				9c. COU	INTY OF D	EATH
FUNERAL DINECTOR	10a. STATE 10b. COUNTY	Baltime	ore	10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS? 1 YES P NO
VENAL.	2507 Round Vie					101	21.	225				S, A	WHAT COUNTRY?
5	11. MARITAL STATUS  1 Never Married 2 Married  3 Nidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AF	NO	13.	WAS DEC If yes, sp 1 ( YES	ENDENT O	F HISPAN n, Mexica Specify	ilC ORIGIN? n, Puerlo Ric y:	(Specify Yer can, etc.)	or No—	14. RACI Black Spec	E — American Indian, k, White, etc. iiy: Black
COMIT CELLED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(6	CEDENT'S	work done	during me	ON est of workin	g	16b. I	IND OF BU	SINESS/INI	DUSTRY	
	17. FATHER'S NAME (First, Middle, Leat) Arthur Jete	r					18. MOTH		ME (First, Mic				
2	190. INFORMANT'S NAME (Type/Print)  Marie .Tet		19	b. MAILING	ADDRES	S (Street a	and Number		Route Number			p Code)	
								7iew	RD.				
	29. METHOD OF DISPOSITION 14\( \) Burlel 2  \text{Cremation } 3  \text{Rem} \) 4  \text{Donation } 5  \text{Other (Specify)}		20b. PLACE cometecy, cre MT	matory or o	ther plece)	V			DATE	13	ALT	0. 1	nd
	21. SIGNATURE OF FUNERAL SERVICE LIC	G M	not	- A	22.	MAME AL	Mes	S OF FA	Pens	orton	145	SONS	SF.H.
	immediate Cause (Fine) disease or condition resulting in death)	. Small h	oowel in										Onset and Deat
	If any, leading to immediate	Long te	OR AS A CONSE	lica	n: tion	of	gunsl	not	wound	to a	ıbdom	en	
	PART II. Other aignificant condition	s contributing to	death but not a	resulting	in the ur	deriyin	g cause g	iven in		4a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL												
	EXAMINER? 1 \( \tilde{\Delta} \) YES 2 \( \tilde{\Delta} \) NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num	<b>3</b> :			6 Other (	Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF (Month, Da	INJURY ly, Year)	28b, TIM		28c. INJ				RIBE HOW I	NJURY OC	CURED	
	2 Accident Investigation	1/3/92	F INJURY — At ho	6:33			/ES 2 🔯	NO		ect s			
	3 Suicide 6 Could not be determined	Street	etc. (Specify)		Areet, tect	ory, orner			Chy or Balto	Town, Stete)	2000]	Penn:	oute Number, SylvaniaAve
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHRONIC CH	CIAN: To the best of R: On the beste of ex											) and menner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1)	hute a				29c. LICE		BER		29d. DAT	E SIGNED	(Month, Day, Year) 9,1992
	30. NAME AND ADDRESS OF PERSON WHO DENNIS J. CHUTE	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print) NN S	т. Е			MD.	2120		1711	21222
	31. DATE FILED (Month, Day, Year) APR 15 1992	32 REGIOTRAL	S SIGN TOPE	-82.									



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ő	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	L DIRECTOR, After this certificate has been signed by the attending physician and completely was in by
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted	nd com
<	be ex	cian a
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2	ATTER	ECTOR
5	L DR	L DIR

		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER			
		218-62-121	9	1 M 2 - F	39	YRS.	MONTHS	DAYS	HOURS			
pino		9s. FACILITY NAME (If not in		treet and number)	- 11		9b. CITY,	TOWN C	OR LOCATIO			
	CTOR	St. Agnes	Hospit				Ba.	ltim	ore			
1 74	្រួ	RESIDENCE OF DEC	Y TOWN O	B LOCAT	TION							
3	IRE	Md. Howard 10c. CITY, TOWN OR LOCAL										
Ę	ō	10e. STREET AND NUMBER		Lu		Lit.	Krid					
bermit	NA.				. 40-			101	. ZIP COOE			
an.	NE NE	6636 Washi	ngton		OT #05				21:			
AND 21203-3146 the hospital or attending physician. detached for use as the burlal-transit once.	BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 S  3 Widowed 4 Divided	MED	1	f yes, spi	ecify Cubar 2 NO						
203- r attend use as			EOENT'S EDU		16a. DE	CEDENT'S	USUAL OC	BUAL OCCUPATION k done during most of works				
212 Spital or sed for us	PLET	Elementary/Secondary (		College (1-4 or 5	life	. Do NOT u	ntena					
ALTIMORE, MARYLeath. Page 6 may be retained by funeral director, page 5 should be furning must be notified at TO BE (	O	17. FATHER'S NAME (First, A	fiddle, Last)						18. MOTH			
		John P. J	ones						Ger			
		19a. INFORMANT'S NAME (			19	b. MAILING	ADDRESS	(Street a	and Number			
	2	Linda Mart							r Dr			
					20b. PLACE							
		1 Burlel 2 Cremetil 4 Donation 8 Che	(Specify)		other pl	ace)			. Cei			
		21. SIGNATURE OF EUNER	AL SERVICE LI	DENSEL	4. Anno	en en	Gaz	ry L	ND ADDRES			
BA rs after of removal.		23. PART i, Enter the c	Semanti or	complications the	t caused the de	eth Do			ain			
thir said is settly read in the me		ahock, or find the state of the		a. Meta	STATEC (OR AS A CONSE	ade		ano	mor			
OX 1  Sician a prior to traum	ERTIFICATION	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated evente resulting in death) LAS	rideta /ING ury	C	(OR AS A CONSE							
L RECORDS, P.O. Bit is new requires that the death certifical best or Health and Mertal Hygiene post, or Health and Mertal Hygiene pag 35 shows any injury, or other	MEDICAL C	PART II. Other signification	ent condition	ne contributing to	deeth but not a	esulting	in the un	derlyln	g cause ç			
	AN	25. WAS CASE REFERRED	MEGICAL	T				00.5	LACE OF D			
	l O	EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		LACE OF D			
> Gertine	HYSI	1 TYES 2 THO			ER/Outpatient 3		_		ne 8 🗆 Ra			
ION OF NDING PHYSI Is After this of of death with Is marked.	ВУ РН		Pending Investigation	28a. DATE Of (Month, I	Day, Year)	28b. TIN	JURY M	1	JURY AT ORK? YES 2			
S H D H 8	巴	2 Accident investigation 3 Suicide 6 Could not be determined  2se. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)										
DIV HOSPITAL DR FUNERAL DIRE within 72 hours	COMPLE	one) -		ICIAN: To the best of								
DIV TO THE HOSPITAL DR A TO THE FUNERAL DIREC Be filed within 72 hours IMPORTANT: If Item	BE CC	29b. SIGNATURE AND TITL	2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occur 29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICE									
FFA	12	30. NAME AND ADDRESS O	F PERSON W	O COMPLETED CAL	ISE OF DEATH OTE	M 27) (Ton	Print)		· · · · ·			

FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIENE				
1. DECEDENT'S NAME (First, Middle, Last)	<del>-</del>	OLITTI	OAIL OI	DEATH	2. DATE	OF DEATH			OF DEAT	(H
Dennis A. Jone	g				MONTH		92	3 2	10	P
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	'In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLACE (		reign
218-62-1219 90. FACILITY NAME (If not institution, give s	1 M 2 F	39 YRS.	MONTHS DAYS	HOURS MIN.	07	/17/52	9c. COUNTY	Mary	land	
St. Agnes Hospit	_		Baltin		CAIN		SC COUNTY	OF DEATH		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	γ	10c. CITY	, TOWN OR LOCAL	TION				10d. IN	SIDE CITY	,
Md. Howa	rd	Ell	kridge					1   Y	HITS?	
10e. STREET AND NUMBER 6636 Washington	Blvd., Lot #	85	101	21227			109. CITIZEN	OF WHAT CO	UNTRY?	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	U.S. ARMED	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 NO Specif	in, Puerto F			RACE — Ame Black, White, Specify:	rican indicets.	an,
15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT use	rork done during mo		18b.	KIND OF BUSI	NESS/INDUST			
11	conege (F4 of 5 F)	Mair	ntenance							
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, A	fiddle, Maiden S	Surname)			
John P. Jones				Geraldi	ne A	. Guer	cio			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	-			de)		
Linda Martlock		8429	Glen Ma	r Drive,	Ell	icott	City.	Md. 21	1043	
20a. METHOO OF DISPOSITION  1 Burlel 2 Cremetlon 3 Rem	200	o. PLACE OF DISPOS other place)						or Town, State		
4 Donation 8 Other (Specify)	E E	oly Trin	ity R. C	. Cemete	ry	Elk	ridge.	Md.		
21. SIGNATURE OF EUNERAL SERVICE LI			22. NAME A	ND ADDRESS OF FA	CILITY					
1 / / Our	L. Koul	man		. Kaufma				21227		
ahock, or heert tallere.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		te ade		unoma					Interval B	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b DUE TO (OR AS /	A CONSEQUENCE OF	P):							
CAUSE (Disease or Injury that Initiated evente resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF	7):		-					
PART II. Other significant condition	na contributing to deeth b	out not resulting I	in the underlyin	g cause given in	Pert I.	24a. WAS AN A PERFORI	MED?	OF DEA	BLE PRIOR	TO
					_			''		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)						
1 ☐ YES 2 ☐ NO  27. MANNER OF DEATH	1 Inputient 2 ER/Out	petient 3 DOA 28b. TIM		ne 8 🗆 Residence	_	, , , , , , , , , , , , , , , , , , , ,	HIDV COCH	NED.		
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO	YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCUP	HED		
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, stc. (Spe	f — At home, farm, a	street, factory, offic	e e	28f. LOC City	ATION (Street as or Town, State)	nd Number or	Aural Route Nui	mber,	
eeel .	SICIAN: To the best of my know ER: On the bests of examination								enner as s	stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Mune ne	)·		29c. LICENSE NU	MBER 161		29d. DATE 8	IGNED (Month,	Day, Year)	
Parry Moore, MD,	columbia Me			oll Nort	h Dr	., Col	umbia.	Md. 2	2104	5
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		dalla				and the second			



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	FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM				HYGIENE			
1	1. DECEDENT'S NAME (First, Middle, Last) Violet	Karp		-		2. DATE OF MONTH, Apri	DEATH DAY	1992"	3.1 6	: 30pm m
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (//	/ // /	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH	6.	BIRTHPLA	CE (Stere or Foreign
~	9a. FACILITY NAME (If not institution, give street a				R LOCATION OF DE	ATH	10	9c. COUNTY	OF DEATH	
Ē.	900 Hyde Rd.			Silv	er Spri	ng,		Mon	itgoi	mery
DIRECTOR	Marcal and			OWN OR LOCAT						. INSIDE CITY LIMITS?
	Maryland Mon	ntgomery	Si		Spring			10g. CITIZER		YES 2 X NO
R	900 Hyde Rd.			10.	20902			Cana		
BY FUNERAL	1 Never Married 2 X Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes, spe	ENDENT OF HISPAN city Cuben, Mexica X NO Specify	n, Puarto Ric		1	Specify:	American Indian, nita, atc. a si a n
COMPLETED	15. DECEDENT'S EDUCATIC (Specify only highest grade comp		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATION done during montired.)	N It of working	16b. K	IND OF BUSI	NESS/INDUS	TRY	
APL	12		Homemak	er		H	ome			_
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			,		
BE.	Sol Pancer  19a, INFORMANT'S NAME (Type/Print)		19h MAILING AD	DRESS (Street a	Esthe				orie)	
2	Howard C. Karp				ess as		,,		,	
	20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Ramoval  4 Donation 6 Other (Specify)	from State	PLACE OF DISPOSITION Of the piace) udean Me			ne	1.50	ATION — CIT		Stata yland
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		adean ne	22. NAME AN	D ADDRESS OF FA	CILITY				ylanu
	· laue Mai	werke	1/4		-Pearso lls Chu					
	23. PÄRT I. Enter the diseases, or companion, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only ona cause on a						atory srres	,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):							
	resulting in death) LAST									
PHYSICIAN: MEDICAL	PART II. Other algorificent conditions co	ontributing to death b	ut not resulting in	the underlyin	g cause given in		PERFORE	MED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Ch	heck only one,	)			
YSI	1 ☐ YES Ž(XNO 1	Inpetient 2 - ER/Outp	patient 3 DOA 4		e 5 Besidence					
	27. MANNER OF DEATH  Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WC	URY AT RK7 YES 2 NO	28d, DESC	N WOH BEIR	IJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	/ — At home, farm, stre			261. LOCA City of	TION (Street a r Town, State)	nd Number or	r Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	N: To the bast of my know In the basis of axaminstic								nd manner as stated.
BE C	295. MONATURE AND TITLE OF CERTIFIER	0,			29c. LICENSE NUI	MBER	,	29d. DATE :	SIGNED (M	onth, Day, Year)
5	NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)	109	3//	/	1	79	152
		cTIENT 7		606	KEN	SUM	4701	- 1	1 2	10 Mg5
	APR 15 1992	132 REGISTRAR'S SIGN	Pandell							



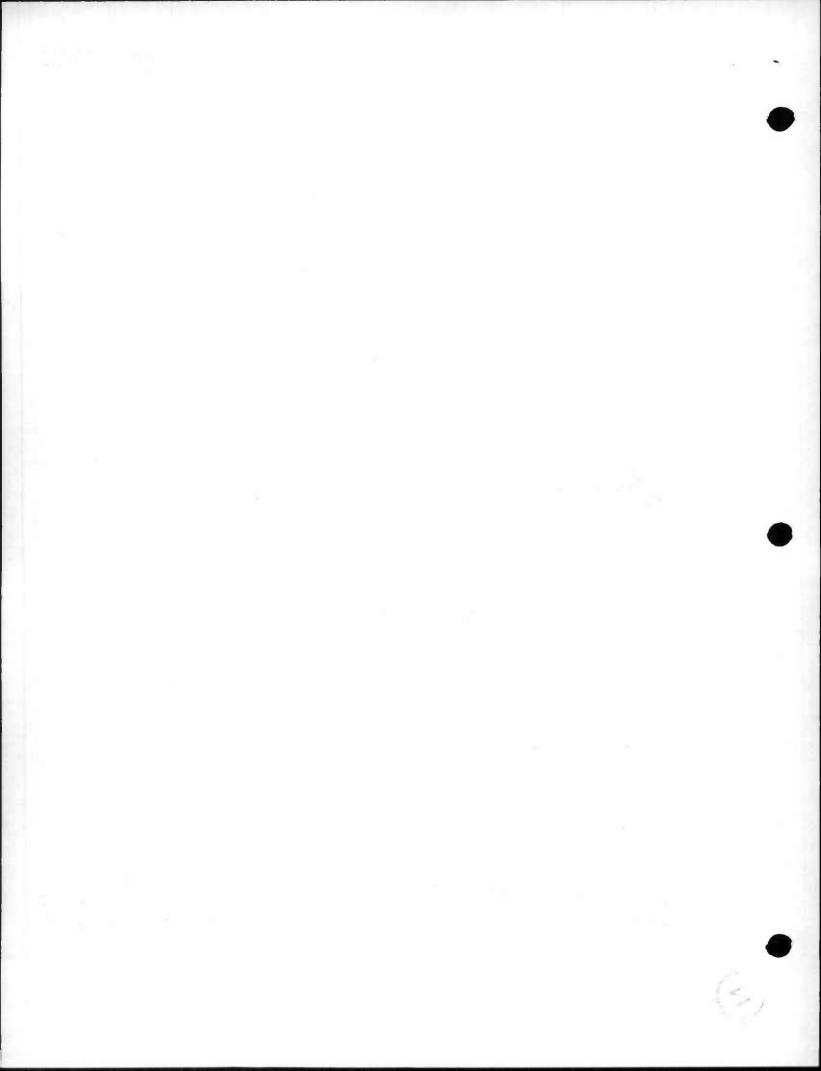
DHMH-16 Rev 1/89

FOR

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept., of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH		V	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX KRAUSE				0.4	12	1002	9.05P M
		1   M 2   E	In yrs. lest birthday) IF U		IF UNDER 24 HRS. HOURS MIN,	7. DATE OF (Month, De			BIRTHPLACE (State or Foreign Country)
	219 07 1567 9e. FACILITY NAME (If not institution, give stre	net and number)	0	CITY, TOWN OR	LOCATION OF DE		1 19	0.3	Maryland
OR	PERIOR OF DECEDEN P1	N. CHARLE	T2 2	TOWSO	A.I				IMORE
DIRECTOR	10a. STATE 10b. COUNTY	N. VIIMALE		MN OR LOCATIO				BALI	10d, INSIDE CITY
	MARYLAND BAL	TIMORE	RAI	TIMOD	г				LIMITS? 1 ☐ YES 2 ☑ NO
3AL	MARY AND BAL	TIMUKE	BAL	- 1 1 11 12/13	CODE		1	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III A BAAFO	40, 400, 05050	O 1 2 3 4			USA	
	1 Never Married 2 Married	FORCES? 1 YES	X⊠NO	If yes, speci	ify Cuben, Maxicas	n, Puerto Rica	n, etc.)	No 14.	RACE — American Indian, Black, White, stc. Specify:
ED BY	3 Wildowed 4 Divorced								White
	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	ompleted)	(Give kind of work diffe. Do NOT use retir	L OCCUPATION one during most wd.)	of working	16b. Kil	ND OF BUSIN	ESS/INDUST	TRY
<u>  4</u>	12 years	College (1-4 or 5+)	Pen Dept.				ucas B	3rothe	erc
COMPLET	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NAI			-	,20
H	J. George Krause  19a. INFORMANT'S NAME (Type/Print)				Christ				
2	Mr. Gary D. Kraus	ie.	9845 Har						de)
	20a. METHOD OF DISPOSITION  1X Burial 2 Cremetion 3 Remove	20b.	PLACE AND DATE OF DIS	POSITION (Name		OATE			or Town, Stata
	4 Donation 5 Other (Specify)	Pa:	etery, crematory or other place.			6/92	Balt	imore	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE	lame	22. NAME AND	Funera	T Home	9		
	Jassien J	user >		7401 Be	elair Rd	. Balt	imore	Md.	21236
	23. PART I. Enter the diseases, or col shock, or heart failure. Lie	mplications that caused at only one cause on ea	the death. Do not each line.	nter the mode	of dying, auch	n as cardiac	or reapirat	lory arrest	interval Between
	iMMEDIATE CAUSE (Fine) disease or condition	1 ACUTE I	WVOOADDIA	1 714	D 4 0 T 7 0				Onset and Daath
	resulting in death) a.	DUE TO (OR AS A	MYOCARDIA CONSEQUENCE OF):	IL INF	RACIIO	N			
8	Sequentially list conditions,	CONGES	TIVE HEAR	T FAI	LURE				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	) DOE TO TON AS A	CONSEQUENCE OF):	Λ					i
Ē	CAUSE (Disease or injury that initiated events	DUE TO OFF A	CONSEQUENCE OF	у					
馬	resulting in death) LAST								
SAL O	PART ii. Other algnificant conditions	contributing to death be	at not resulting in the	underlying o	cause given in i	Part I. 24	. WAS AN AU		24b. WERE AUTOPSY FINDINGS
				<del></del> .		_ 11	PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI						_	/		1 - YES 2 - NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 84 40	E OF OEATH (Che				
PHYSICIAN:	EXAMINER?	HOSPITAL:		HER:	5 Residence		moths)		
PHY	27. MANNER OF PEATH	/ 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJUR	ry AT		BE NOW INJU	JRY OCCUR	EO
BY	1 Natural 5 Pending 2 Accident Investigation		'	1 TYES	8 2 NO				
<u>n</u>	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— Al home, farm, street,	factory, office		28f. LOCATIO City or To	N (Street and wn, State)	Number or F	Bural Route Number,
9	29a. CERTIFIER 1 CERTIFYING PHYSICIA	ANI: To the heat of the broad	4. 4.4	Ni was and sa		leves on	and the same		
COMPLET		AN: To the best of my knowle On the basis of examination							suse(s) and manner as stated,
Ü	THE SIGNATURE AND TITLE OF CERTIFIER	10	3 0		SE LICENSE NUM				SNED (Month, Day, Year)
TO B	men III	MASE	MP		D0 1	724	6	+41	13/42
-	MANE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	-74	12.100		11	2010	المراج عن
	31. DATE PILED (Month, Day, Year)	32. RÉGISTRAR'S SIGNA	TURE	2001	SVERG	RE	EN 7	VE	BATIKE
	NDD 15 1992		Banda 00						





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TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and competelly filled in by the funeral director, page 5 should be detached for use as the burial-transference he filed within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	i examiner must be notified at once.  TO BE COMPLETED BY FUNERAL DI	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  Decompleted by Physician: Medical Certification
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transcripermin. To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	il examiner must be notified at once.	IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
	the funeral director, page 5 should be detached for use as the burial-trainst permit P val.	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in to In 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rei

92 10410 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 15 MORT Kohne GORI 4. SOCIAL SECURITY NUMBER 214-12-2309 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Poreign XX M 2 F HOURS YRS. 8/30/1921 MARYLAND 9a. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR 17 CINNAMON CIRCLE, APT. 3-A RANDALLSTO, WN BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE RANDALLSTOWN 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17 CINNAMON CIR., APT. 3-A 21133 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 1 NO Specify: 3 Widowed 4 Divorced WWII - ARMY WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) CLOTHING 9 CUTTER 18. MOTHER'S NAME (First, Middle, Melden Surname)
SIEGEL 17. FATHER'S NAME (First, Middle, Leet) ELLIS KOHNE 19b. MAILING AODRESS (Street and Number of Rural Route Number, City of Town, State, Zip Code) 3426 SYKESVILLE RD. WESTMINSTER, MD 190. INFORMANT'S NAME (Type/Print) MRS. PHYLLIS PAOUETTE 21157 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) BALTIMORE HEBREW 4/10/92 REISTERSTOWN, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO. MD 21215 23. PART I. Entartha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition 12ey resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAIL ARLE PRIOR TO avango cercumom a COMPLETION OF CAUSE OF DEATH? 1 YES TO NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINERY HOSPITAL: etlent 2 - ER/Outpatient 3 - DOA ng Home 5 Libette nce 6 13 Other (Specify) 4 - Nurs 27. MANNER OF BEATH 28s. DATE OF BUJURY (Month) Day West 35c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1- Netural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Steer and Mumber or Rural Route Number, City or Then, Steen 6 Could not be 4 🔲 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated 2 \_\_ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 29b. SIGNATURE NO TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) 92 0 09

te 201

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM-27) (Type

Flug

(Bre

32. REGISTRAR'S SIGNATURE

310

31. DATE FILEO (Month, Deve 104)

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

- REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last)	, /	SAMUEL KA	DUIONI )		2. DATE OF GEATH MONTH D	8 9	3. TIME OF CEATH
KARTON, S	arrive						2 16 50 p
4. SOCIAL SECURITY NUMBER 7	5. SEX 6. AGE		HTHS DAYS	IF UNDER 24 HRS, HOURIN MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-16-192.	3 NI	BIRTHPLACE (State or Foreign Country) EW YORK
90. FACILITY NAME (If not institution, give Loch Raven VA M			BALTI	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT			OWN OR LOCAT	ION		- 1811	10d. INSIDE CITY
MD		Balt	timore				1 XXXS 2 NO
2500 W. BELVEDER	RE AVE, APT.	508	101	ZIP CODE 2121	5	10g. CITIZEN	USA
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 X Vivorced	12. WAS OECEDENT EYER I FORCES? 1 X YES IF YES, GIVE WAR OR E		If yes, sp	ENGENT OF HISPAN	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. OECEDENT'S US (Give kind of work	UAL OCCUPATION	N et of working	16b. KIND OF BU	SINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use n	etired.)		II	ISURANC	CE
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Sumeme)	
ABRAHAM KARTON	N			ANN	IA KORNETSE	CY	
190. INFORMANT'S NAME (Type/Print) RONA KARTON					BOSTON, MA		
20a. METHOD OF DISPOSITION 1 Burlel 2 X remation 3 Rem	20	b. PLACE AND DATE O	F DISPOSITION	(Name	DATE 20c. LO		y or Town, State
4 Donation 5 Other (Specify)	noval from suits of	COUDON PA	ARK CRE	MATORY	4-13-92 E	BALTIMO	DRE, MD
21. SIGNATURE OF FUNERAL SERVICE L	Leuis	ed the death. Do not	SOI 6010	REISTERS	N & BROS.	BALTO.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Respired		ilen	Can	diac a	rest	Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEDUENCE OF):	1 edi	ma			
PART II. Other eignificant condition	ona contributing to death	but not reaulting in	the underlyin	g cause given in	Part I. 24s. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
	- 7						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Ic	26. P	ACE OF DEATH (Ch	eck only one)		
1 TYES 2 NO	1 Inputient 2 - ER/Out	Ipatient 3 DOA 4	☐ Nursing Hon		8 Other (Specify)		
27. MANNER OF DEATH  11 Netural 8 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	IY W	URY AT PRK? YES 2 ND	28d. OEŞCRIBE HOW	INJURY OCCU!	REO
3 Suicide 8 Could not be determined	26a. PLACE OF INJUR	Y — At home, farm, stre	et, factory, offic		281. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,
one)	SICIAN: To the best of my know						
296. SIGNATURE AND TITLE DF CERTIFI				29c. LICENSE NU		,	BIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W. Carol M. K.	7HO COMPLETED CAUSE OF D	2. Loch	Raven	VA Med	cal Center	- Bes	H. MD

441

AL RECORDS, P.O. BOX 13146, BALLIMOHE, MAHYLAND 21203-3146	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the same after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or I	

FOR STATE REGISTRAR	STATE	OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Les	18)		2. DATE OF DEATH		
Helen	0	Lydiok	MONTH DAY		

	1. DECEDENT'S NAME (First, Middle, Last)  Helen & Lvdick								2. DATE	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	Hele	Lydi	ydick						1992	12:05 A M					
				6. AGE (in yrs. less	(In yrs. lest birthday) IF UNDER 1 YEAR			IF UNDER 24 HRS.		OF BIRTH	8. BIRTHPLACE (State of Country)		IPLACE (State or Foreign		
	550 42 2056	6A	1 🗆 M 2 🔀 F	73	YRS.	MONTHS	DAYS	HOURS MIN.		Dec. 12,			isconsin		
	9e. FACILITY NAME (If not institution, give street end number)					9b. CITY	, TOWN	OR LOCATION OF				NTY OF D			
DIRECTOR	Meridian Nursing & Rehab. Center Silver Spring									Мо	Montgomery				
<u>n</u>	10e. STATE 10b. COUNTY				10c. CIT	10c. CITY, TOWN OR LOCATION 10d.									
<b>E</b>	Maryland Montgomery					Silv.	er S	pring				LIMITS?			
	10e. STREET AND NUMBER					101. ZIP CODE					10g. CIT	IZEN OF	WNAT COUNTRY?		
FUNERAL	14400 Homecrest Road, Apt. #8							20906				U.S.	Α.		
ξ	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR									Y? (Specify Y		14. RAC	E — American Indian,		
	1 Never Married 2 Merried FORCES? 1 YES				10			pecify Cuben, Mexic 3 2- NO Spec	can, Puerto Rican, etc.)				k, White, etc.		
à	3 Widowed 4 Divo	becom	,,									-	White		
	15. DEC	EDENT'S EDU	JCATION .		CEDENT'S			ON oet of working	16b. KIND OF BUSINESS/INDUSTR						
ᄪ	Elementary/Secondary (0		College (1-4 or 5	- Ma	Do NOT u	se retired.)	Guinig III	out or working							
<u></u>			2	La	b. &	ExR	ay T	echnicia	an Health Care				9		
COMPLETED	17. FATHER'S NAME (First, M	liddle, Lest)						18. MOTHER'S N							
BE	Fern I	e ter	son					]	Murie	l Hil	ton				
	190. INFORMANT'S NAME (	ype/Print)		191	. MAILING	ADDRES	S (Street	and Namourornara	r Home Waln	Der, or To	wn, State, Zi	p Code)			
일	Janet E. La	amb (d	aughter)	Second le	1451	2 Mar	nor	Park Dr	., Ro	ckvil:	le, M	D 2	0853		
	200. METHOD OF DISPOSIT		Hally see Assess	20b. PLACE other pla	OF DISPO	SITION (N	ame of ce	metery, cremetory or		20c. L	OCATION -	TION — City or Town, State			
						ood	Ceme	tery		F	ort W	orth	. Texas		
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	1			Od Cemetery Fort Worth, Texas  22. NAME AND ADDRESS OF FACILITY								
	Daniel J Capitol Funeral Service, Falls Church, V								Church, VA						
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, anock, or heart feilure. List only one cause on each line.														
	IMMEDIATE CAUSE (FIR	nel	1	1	11		1	1/	1	1		J	Onset and Death		
	disease or condition resulting in death)  a. Cerebral Vascular Accident Iday														
			DUE TO	O (OR AS A CONSE	OUENCE C	PF):									
NO		Sequentially list conditions, 6. DUE TO CONTROLLED CONT													
MEDICAL CERTIFICATION	of any, leading to immediate cause. Enter UNDERLYING														
임	CAUSE (Disease or injuthat initiated events		c. DUE TO	O (OR AS A CONSE	OUENCE C	P);							+		
ĒΙ	resulting in death) LAS	T T													
B	4														
4	PART II Other aignifica	nnt conditio	na contributing to	o death but not i	reaulting	in the u	nderiyir	ng cause given i	n Part I.		N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
5	HIRIA	m						2 NO		COMPLETION OF CAUSE OF DEATH?					
	ORAGAN	10	BRain	n Cu	na	100	me	,					1 YES 2 NO		
_	7			7											
IAN	25. WAS CASE REFERRED T	TO MEDICAL					26. F	PLACE OF DEATH (	Check only o	ne)					
Sic	1 VES 2 NO		HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHE 4 P.Nu		me 5 🗆 Residence	6 🗆 Oth	er (Specify)					
PHYSICIAN:	27, MANNER OF DEATH		28e. DATE O	F INJURY	26b. Til	WE OF	28c. IN	JURY AT	-	SCRIBE HOV	INJURY O	CCURED			
		Pending Investigation	(Month,	Day, Year)	liv.	JURY		YES 2 NO							
) BY	2 Accident 3 Suicide		28e. PLACE	OF INJURY — At he	ome, farm,	street, fac	tory, offi	ce				er or Aural	Route Number,		
City or Town, State)								10)							
E	290. CERTIFIER 1 CER	TIFYING PHY	SICIAN: To the heat	of my knowledge, de	offh occur	red at the	time dat	te and place, and d	ue to the cu	ruse(e) and n	namoer se at	sted.			
COMPLETE	(Check only			e bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  sele of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.											
29b. SIGNATURE AND STITLE OF CERTIFIER 29d. DATE								- /							
29c. LICENSE NUMBER 29d. DATE SIGNED (Mynth, Day,									C )						
2	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEATH //TE	M 27) (500	a Printi		200			1	1/1			
	R. I. F	EN	ACK	MD	4		- 0	olie L	R.	Wh	ea To	en,	mel 20900		
	APR 15 1992 Sun January Mondale														



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or are	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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etained t	should	IMPORTANT if them 29 is marked as item 23 shows any injust as ather beautiful the median and the secondary
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN	_	10413				
	1. DECEDENT'S NAME (First, Middle, Last)  FT.T ZARETTI					2. DATE OF DEATH	1 1992	3. TIME OF DEATH  3.35 A M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign					
1	217-12-7855	-	68 78 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6-18-19	Count	irginia				
~	9e. FACILITY NAME (If not Institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN											
5	INTON MEMORTAL HOSPITAL BALTIMORE CITY											
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
	MD. Baltimore Coty											
HA	922 E, Belvedere Avenue  101. ZIP CODE 21212  109. CITIZEN OF WHAT CODE 21212											
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EX		13 WAS DEC		VIC ORIGIN? (Specify Yes	U.S	S.A.				
	1 Never Married 2 Merried	FORCES? 1   IF YES, GIVE WAR	YES 2 NO	If yee, ap	ecify Cuban, Mexice	n, Puerto Ricen, atc.)	Blac	E Americen Indien, k, White, etc.				
D BY	3 Widowed 4 Divorced						Spec	" Black				
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION WORK done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	/INDUSTRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	WW. 60 NOT 48	io retired.)		Hous	ewife					
O	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)					
BE C	George	W. Scott			Mai	y Smith	· · · · · · · · · · · · · · · · · · ·					
TO	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Town	n, State, Zip Code)	1010				
	Delysia Cole 20a. METNOD OF DISPOSITION					ue Balto		21212				
	1 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE ( cemetary, crematory or or	her place)			CATION — City or To	rwn, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Arbutus		ark 4-1		butus.	MD.				
	· Noutha	Herto	#281	E.L.P	hillips	F.H 172	1-27 N.	Monroe ST				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying such as cardiac or resolved and an enter the mode of dying such as cardiac or resolved and a card											
	interval Batweer Onset and Death  Approximate Interval Batweer Onset and Death  Approximate Interval Batweer Onset and Death  Approximate Interval Batweer Onset and Death  Approximate Interval Batweer Onset and Death											
	DUE TO (OR AS A CONSEQUENCE OF):											
NO N	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
SA	cause. Enter UNDERLYING CAUSE (Disease or Injury	. Dry o	Angrene i	06 A	1664	loot						
E	that initiated events resulting in death) LAST		AS A CONSEQUENCE OF	):								
CERTIFICATION		l										
A P	PART II. Other significant conditions	contributing to das	th but not resulting i	n the underlying	cause given in	Part I. 24a. WAS AN A		WERE AUTOPSY FINDINGS				
MEDIC						1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
						_   ′		1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			28 DI	ACE OF DEATN (Che			NB				
PHYSICIAN:	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:								
PHY	27. MANNER OF DEATH	190 inparient 2   ER/Outpatient 3   DOA   4   Nursing Nome 5   Residence 6   Other (Specify)										
BY	1 Natural 5 Pending Investigation	*******	-	M 1 7	ES 2 NO							
	3 Suicide 6 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)											
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner ee stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MO			29c. LICENSE NUM	BER	29d. DATE SIGNED	(Morth, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WHO	A AIM	F DEATH (ITEM 27) (Type,	Print) 100 Me	umul	Hispital	bolh	nor NO				
	APR 15 1992	film removation				/						



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BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND CE		ICATE				MENT	REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last)  Day	Leader							TE OF DEATH	3. TIME OF DEATH			
DIRECTOR	213-09-5689	5. SEX	6. AGE (In yrs. last				IF UNDER	24 HRS.	(Mo	TE OF BIRTH poth, Day, Year)	14	8. BIRT	HPLACE (State or Foreign in)
	9e. FACILITY NAME (If not institution, give street  Stella Maris F.  RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH  TOWSON  8c. COUNTY OF Baltir									
	100. STATE 100. COUNTY Md Balti		10c. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1502 Midvale A		10f. ZIP CODE 21228							10g. CITIZEN OF WHAT COUNTRY? USA			
COMPLETED BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Maxican, Puerto Rican, etc.)  If yes 2 NO Specify Sp							Spec	E — American Indian, k, While, etc.
	15. DECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5 -	(Gh	CECEDENT'S USUAL OCCUPATION We kind of work done during most of working Loo NOT use relied.  Dairy  Dairy							711200		
BE CO	17. FATHER'S NAME (First, Middle, Lest) David George Leader  18. MOTHER'S NAME (First, Middle, Maiden Surmane) Elizabeth Godwin Goodw									vin			
10	190. INFORMANT'S NAME (Type/Print) Blanche Leader		196	502	Mid	val	e Av	or Rural R Venu	le	mber City or Town Balto,	State, Zip Md	Code)	L228
	20a, METHOD OF DISPOSITION 1 & Burlai 2 Cremetion 3 Removal from Stata 4 Donation 5 Other (Specify)  20b. PLACE ANDDATE OF DISPOSITION (Name of competery, cremetow or other place) LOTTAINE Park  20c. LOCATION — City or Town, Stata												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADORESS OF FACILITY  Sterling Ashton Funeral Home, Inc.  736 Edmondson Avenue 21228												
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  ESOPHAGEAIL CANCER  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury)												
CERTIF	that initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  ALZHEI MER'S DISEASE												
PHYSICIAN: MEDICAL	PERFORMEO?  1 YES 2 NO OF DI										WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
/SICI/		OSPITAL:	ER/Outpetiant 3 [	DOA	OTHER		5 Res				enic	<u>'</u>	
ВУ РН	27. MANNER OF DEXTH  1 Natural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  28a, OATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO  28d. OESCRIBE HOW											
G	3 Suicide 8 Could not be 4 Homicide delarmined	28s. PLACE OF INJURY — Al home, larm, street, factory, offica building, stc. (Specify)  28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)										loute Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (	N: To the best of On the basis of ax	my knowledge, dear amination and/or in	th occurre	d at the tir	ne, data a pinion, dei	nd place, ath occure	and due I	lo lhe c lime, de	ause(s) and mann	or as state	rd. o cause(s	) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  COLLA COLLEGE SIGNED  290. LICENSE NUMBER  D 27087  D 27087								(Month, Dey, Year) 13-92				
	30. NAME AND ADDRESS OF PERSON WHO C Carla S. Alexande	r, M.D.	-Stella	Mari	Print) S HO	spic	e-Du	lane	ey 7	alley F	dI	'Owso	on 21204
	APR 15 1992	32. REGISTRAL	Signature Mason-Ran	della									

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	프	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed, in by the funeral director, page 5 should be detacted for us	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burla, crearation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	2	2	3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED
JOETNS HOPKINS

32. REGIST

31. DATE FILED (MoAth; Day, Year)
APR 1

	FOR STATE REGISTRAR	STATE DF MARYLAND			OF HEALTH AND OF DEATH		HYGIENE 92	10415	;
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM	), MADDOX				2. DATE OF WONTH		3. TIME OF DEATH 12:15	A M
	4. SOCIAL SECURITY NUMBER 407-78-40-73	5. SEX 1 M 2 F 38	YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF	Day, Year)	BIRTHPLACE (State or Foreign Country) Wenshore	pn -G
OR	90. FACILITY NAME (If not institution, give s THE JOHNS HOPKIN			96. CITY, TO BALTI	OWN OR LOCATION OF D MORE	EATN	9c. COUNT	MORE CITY	0
5	RESIDENCE OF DECEDENT								_
DIRECTOR	MANY/MO		10c. CLT	2/to.	LOCATION			10d. INSIDE CITY LIMITS? 1 2 TES 2 NO	D
FUNERAL	2165, EX	ED ST			101. ZIP CODE 2/20:	2	10g. CITIZE	S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED	If y	B DECENDENT OF HISPA DE, specify Cuban, Maxic YES 2 NO Speci	an, Puerto Ric	Specify Yes or No 1- en, etc.)	Black, White, etc.	
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (i	ECEDENT'S Give kind of w	USUAL OCCI vork done duri e.mtired.)	IPATION ng most of yorking	16b. K	IND OF BUSINESS/INDUS	STRY	
8		- C	NS/	24/11	TUONCE				
BE COI	17. FATHER'S NAME (First, Middle, Last)	MAddox			18. MOTNER'S A	AME (First, Mid	die, Maiden Sumafre)	pson	
TO 8	190. INFORMANT'S NAME (Type/Print) 4000 FUNE	ip/ Home	7210	ADDRESS (S	m-+	Poute Number,	City or Town, State, Zipt	, 42301	
9	204. METHOD OF DISPOSITION  **La-Buriel 2	oval from State 20b. PLACE competery or	AND DATE O	PF DISPOSITION PROPERTY PROPER	ON (Name of	DATE	20c. LOCATION CH	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Russ			ME AND ADDRESS OF F	2155	FUNERA	1/20he	7/6
	23. PART I. Enter the diseases, or o	complications that caused the d	eath. Do n	ot enter th	e mode of dving au	th an cardia	c or respiratory error	t, Approximate	-/0
	shock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition	List only one cause on each lin	•.	1.			o or respiratory siries	Interval Bety Onset and D	Neen
_	resulting in death)	DUE TO (OR AS A CONSE		ns espir	etory )		ss Syndr	and 4 day	ے
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF	):	nunodefic	iency	ss Syndro. Syndro.	2 2 4 5	
ERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSE			1001000	/	oynes vi		
Ö.,		The state of the s							
EDICAL	PART II. Other algorificant condition	a contributing to death but not	resulting I	n the unde	rlying cause given in	Part I. 2	PERFORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
Σ						-		1 TES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	3 🗆 DOA	OTHER:	28. PLACE OF DEATN (CI		Specify)		
ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28 URY	c. INJURY AT WORK?	28d. DESCF	IBE NOW INJURY OCCU	RED	
8	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, s	treet, factory,	office	28f. LOCATI City or	ON (Street and Number or Town, State)	Rural Route Number,	
COMPLET		CIAN: To the best of my knowledge, d R: On the bests of examination and/or							ed.
8E	296. SIGNATUBE AND TITLE OF CERTIFIER	Banon			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) /5ma	Print1				, ,	_

John School Sparing and

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
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	1 - STATE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  KIMMY LLOYD MILLER L. Miller 2. DATE OF DEATH MONTH 4 94 O 030 M
	4. SOCIAL SECURITY NUMBER 220-66-2492  5. SEX 1 M 2 X F 29 YRS.  6. AGE (In yrs. lest birthdey) 1 Punder 1 YEAR   F UNder 24 HRS.   7. DATE OF BIRTTH (Month, Day, Year) MONTHS DAYS HOURS MIN.  7. DATE OF BIRTTH (Month, Day, Year) May 16,1962  8. BIRTTHPLACE (State or Foreign Country) May 16,1962  8. BIRTTHPLACE (State or Foreign Country) May 16,1962
TOR	96. CITY, TOWN OR LOCATION OF DEATH  243 Stemmers Run Road  ESSEX  BAltimore
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  Md. BAltimore ESSEX 1 □ YES 2 ☑ NO
FUNERAL	106. STREET AND NUMBER 243 Stemmers Run Road 107. ZIP CODE 21221 108. CITIZEN OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 5 Never Married 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. 1 YES 2 NO Specify:  White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)  Nurse
OME	17. FATHER'S NAME (First, Middle, Leet)  18. MOTHER'S NAME (First, Middle, Melden Surmame)
BE C	Thomas A. Lloyd Edith Tallevast
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)  Jerry Miller  623 N. Jersey Ave. Baltimore Maryland 21221
	20a METHOD OF DISPOSITION 20b PLACE OF DISPOSITION //Name of computory or 20c LOCATION City or Town State
	No   Burlel 2   Cremation 3   Removal from State   Other place)   Oak Lawn Cemetery   BAltimore Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  ConnellyFuneralHome 300MAceAve. 21221
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart dilure. List only one cause on each line.  Approximate interval Between Onset and Death  Support of (OR AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.    Manic depletion   Part
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)
YSIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1   Inpetient 2   ER/Outpetient 3   DOA     A   Nursing Home 6   Residence 6   Other (Specify)
BY	27. MANNER OF DEATH    Natural   6   Pending   Investigation   2   Accident   3   Suicide   6   Could not be   26a. DATE OF INJURY   26b. TIME OF   26c. INJURY AT   WORK?   1   YES   2   NO   Street and Number or Rural Route Number, building, etc. (Specify)   26b. PLACE OF INJURY — At horse, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, building, etc. (Specify)   26b. PLACE OF INJURY — At horse, farm, street, factory, office   26f. INJURY AT   26c. INJURY AT   WORK?   26c. INJURY AT   WORK?   26d. DESCRIBE HOW INJURY OCCURED   2
COMPLETED	29a. CERTIFIER (Check only (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
BE	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  10076-176-32-176
5	SO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)  J. C. O DONOVAN: M.D., 2112 DUNDALL AVE, BALTU., MD. 21221
	31. DATE FILED (Month, Dey, Year)  APR 15 1992  APR 15 1992  APR 15 1992  DHMN-16 Bev 1/69



BALTIMORE, MARYLAND 21215-0020

Items	23	Part	I,27,			
FOR				CTAT	E OE	BAAR

	Items 23 Part I,2 FOR 1 - STATE REGISTRAR	7, per MEO, STATE OF I	MARYLAND	/29/92 / Depar Ertif	TMEN				MENTAL HYGI	ENE	12	10417
	1. DECEDENT'S NAME (First, Middle, Las	0					DLA		2. DATE OF DEATH		1	. TIME OF DEATH
	JEROME	Ε.			Mc	COY.			MONTH	DAY	YEAR	0:15 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		S. BIRTHPL	ACE (State or Foreign
	213-72-9345	1 /2 M 2   F	33	YRS.	MONTHS	DAYS	HOURS	MIN.	12-2-19	)	Country)	MD.
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN (	OR LOCATI	ON OF DE			TY OF DEA	
TOR	18701 ROXBURY RO				HAG	ERST	NWO:			WASHI		
DIRECTOR	10e. STATE 10b. COUN	TY			Y, TOWN		TION					DIA. INSIDE CITY LIMITS?  (X) YES 2   NO
AL	10s. STREET AND NUMBER					101	. ZIP COD	E		10g. CITIZ		AT COUNTRY?
ER	3805 DOLFIELD A	VE.					212	215			USA	
BY FUNERAL	11. MARITAL STATUS  1)XX Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	T EVER IN U.S. AI	RMED NO		If yes, sp	ENDENT (	n, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14. RACE Black, V	American Indian, White, etc.
O	15. DECEDENT'S ED		16e, Di	ECEDENT'S	USUAL O	CCUPATIO	ON		16h KIND OF	BUSINESS/INDL		BENOK
COMPLETED	(Specify only highest grade) Elementary/Secondary (0-12)	College (1-4 or 5	(0	Silve kind of a b. Do NOT u	work done	during mo	est of worldi	ng		, , , , , ,	Jim	
	17. FATHER'S NAME (First, Middle, Last) ARCHIE MCCOY								ME (First, Middle, Meik Y WOODEN	ten Surnama)		
96	19e. INFORMANT'S NAME (Type/Print)		10	h MAILING	ACCREC	C /Ctmat a			Route Number, City or		2 41	
2	DOROTHY TOWLER			3805					ALTO. MD	21215		
	20a. METHOD OF DISPOSITION 1 △ Burlel 2 □ Cremetion 3 □ Re	moval from State	20b. PLACE	ANDDATE	OF DISPOS	SITION (Na	me of		OATE 20c.	LOCATION - C	_	, State
	4 Donetion 6 Other (Specify)		RING	MEMOR						BALTO.,	MD	
L.	21. SIGNATURE OF FUNERAL SERVICE L	B. A	cott	-	I	1ARCI		IERAL	HOME-WE		2121	5
CERTIFICATION	23. PART I. Enter the diseases, or shock, or rest failure shock, or rest failure shock, or rest failure shock, or rest failure shock, or rest failure shock, or rest failure shock, or resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s. Cardiac  DUE TO  DUE TO	Arrhythm OR AS A CONSE OR AS A CONSE	e. Tia QUENCE OF	F):							Approximata intarval Between Onset and Death
BY PHYSICIAN: MEDICAL C	PART II. Other significant condition	ons contributing to	desth but not	resulting	In the ur	nderlying	g cause (	jiven in	PERI	AN AUTOPSY FORMED?	AV CC	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 \( \subseteq \text{NO} \)
SIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Che	ock only one)		1	
SIC	EXAMINEN? 1. XYES 2 □ NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	DOA	OTHEI	रे: sing Hom	e 5 □ Re	sidence	a [X] Other (Specify)	8701 R	OXBUE	RY ROAD
PH	27. MANNER OF DEATH  1  Netural Pending	28e. DATE OF (Month, D	INJURY Pay, Year)	28b. TIM INJ		28c. INJ WO			28d. OEŞCRIBE HO			10110
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O	F INJURY — At ho	ome, farm, s	street, fect			,	281. LOCATION (Stre City or Town, Str		r Rural Rout	e Number,
E												
COMPLETED	2 MEDICAL EXAMIN											nd menner es stated.
8	SIGNATURE AND TITLE OF CERTIFI	Locke	M	0				NSE NUM				onth, Day, Year)
٩	38. HAVE AND ADDRIES OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITE	М 27) (Туре,		PEN		M.E REET	BALTIMOF		07-19	
H	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	_				الد استدامات	THE TENT		TEMAN	ZIZUI
	APR 15 1992	10. K	9 -	dell								



10e. 8 38 11. MA 1	23. PMME dises result from Causac CAUS that I result 127. MAI 1 2 2 3 4 4 2 29e. Ct (C) Cond 29b. St 20b. St 2
TO BE COMPLETED BY FUNERAL DIREC	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending physician,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
BALLIMONE, MANILAND ZIZIS-0020	

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEALTH	AND MEI	NTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DEATH
	FRANCES C. MAS					HONTH 4		12 16 OS AM
	4. SOCIAL SECURITY NUMBER 224-09-1773			FUNDER 1 YEAR IF UNDER		DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	90. FACILITY NAME (If pre involvation when	1 □ M 2 MF 8	O YRS.			2-16-191	1 V	irginia
Œ	Francis Scott Key	7.7		b. CITY, TOWN OR LOCATE			9c. COUNTY	Y OF OEATH
DIRECTOR	RESIDENCE OF DECEDENT	Medical Cen	ter	Baltimore	City			
RE	10e. STATE 10b. COUNTY	Υ /		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
۵	Md		Bal	timore				YES 2 NO
RAI	100. STREET AND NUMBER 3889 Sinclair Lar	30		101. ZIP CODE 21.21				N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	110 40450				U.S.A	
BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	13. WAS DECENDENT O	PF HISPANIC O ri, Mexicari, Pu Specify:	RIGIN? (Specify Yes erto Rican, etc.)		I. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	HAL OCCUPATION		16b. KIND OF BUS		White
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during most of working	g	100. KIND OF BUS	SINESS/INDUS	JRY
APL	Unknown		Homema	ker		Own Hom	10	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0.6		18. MOTH	IER'S NAME (F	First, Middle, Meiden		
BE	Unknown	Craft			known			
2	190. INFORMANT'S NAME (Type/Print) Samuel Mason	()		DRESS (Street and Number				ide)
		(son)		gley Road,				
	20e. METHOD OF OISPOSITION 1	oval from State	tery, crematory or other	place! Crematory	. / 1.5	OATE 20c. LO	CATION — City	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE	Leen Moun	22. NAME AND ADDRES	SS OF FACILIT	Υ		
	1 Cator 2	S. (dolda	Mossil	Bradley-A	shton	Funeral	Home,	Inc.
	23. PART I. Enter the diseases, or o	complications that caused	the death. Do not	antar the mode of dvi	OW SDY	cardiac or respi	Dund:	alk. Md. 21222
	ahock, or heart failure.	Liat only one cause on ea	ch line.					Interval Batween Onast and Death
		DUE TO OR AS A	5					Julian and Dodgi
		DUE TO OR AS A		1.				
NO O	Sequentially list conditions,	b. Urinary	CONSEQUENCE OF):	itineyco.				
ξĮ	If any, lesding to immediate cause. Enter UNDERLYING	DOE TO (ON AS 4)	CONSCOUENCE OF):					
Ĕ	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):	~ •				
CERTIFICATION	resulting in death) LAST	d						
	PART II. Other significant condition	a contributing to death bu	t not rasulting in t	he underlying cause a	iven in Part	1. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	Malnutrition			,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Assiration					1 TYES 2	MANO	OF DEATH?
ä	HO CVA							1 120 2 110
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE	EATH (Check or	nly one)		
PHYSICIAN: MEDIC	1 YES 2 NO	1 Inpatient 2 ER/Outper		THER: Nursing Home 5 Res	sidence   S 🔲	Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	WORK?	30.0	DESCRIBE HOW IN	JURY OCCUR	€D
BY	2 Accident Investigation 3 Suicide & Could not be	280. PLACE OF INJURY -	- At home form etra-	M 1 YES 2		1 OCATION (C)		
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (Specif	y)	n, ractory, office	401.	LOCATION (Street e City or Town, Stete)	nd Number or I	Hural Floute Number,
٦ ا	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occurred a	t the time, date end place,	end due to the	cause(s) end men	nor as eleted	
ŏ.		R: On the basis of examination						ause(s) and menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICE	NSE NUMBER	T	29d. DATE SI	IGNED (Month, Day, Year)
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-	30. NAME AND ADDRESS OF PERSON WHO				1 44	1		
	T. KAEGI MI 31. DATE FILEO (Month, Day, Year)	D FSYMC		Ave. Bal	17. M	1.		
	APR 15 1992	Juna Davidson-Ro	indell					
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N OO K	I DIREC	be filed within 72 hours after death with the State Dect. of Health and Mental Hydrene prior to burkal cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MOSPITZ	FINERA	within 7	TANT
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		CERTIFIC	JAIL VI	PLAIII		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
Pauline N. Ma	rlow				April	12,	1992	12:20 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		HPLACE (State or Foreign
292-03-5589	1 🗆 M 2 💢 F	76 YRS.	ONTHS DAYS	HOURS MIN.	June	ny, Year)	Coun	
9a. FACILITY NAME (If not institution, give	street and number)	1	Db. CITY, TOWN	OR LOCATION OF E	EATH	9c. C0	UNTY OF	DEATH
Villa St. Michae	l Nursing I	Ione	Baltimo	ore				
1 10a. STATE 10b. COUNT	ry	10c. CITY,	TOWN OR LOCA	TION				10d, INSIDE CITY
Md.	Howard	B	lkridge	9				LIMITS?
10e. STREET AND NUMBER	220 11 01 01			H. ZIP CODE		10a C	ITIZEN OF	WHAT COUNTRY?
5868 Whisper Way	r			21227		109.0	USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR O	ES 2 20	If yes, st	cendent of Hispa pecify Cuben, Mexic 5 2 NO Spec	an, Puerto Rica		14. RAC Blac Spec	E — American Indian, ok, White, etc.
15. OECEDENT'S EON (Specify only highest grad	UCATION (a completed)	16a. DECEOENT'S US	SUAL OCCUPATI		16b, KII	ND OF BUSINESS/I	NOUSTRY	
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		Homemak	er		1			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd	fle, Malden Surname,	)	
Pearl Coleman					Colema			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rura			Zin Codel	
Ronald J. Marlow				Way, Elk			227	
20a. METHOO OF DISPOSITION						17		A. J.
1 Buriel 2 Cremeton 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACEAND OATE OF Comelery, crametory or othe Loudon Pa	r place) Cre	matory	4715	Baltim	-	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	(		ND ADDRESS OF F				
1 Lary	J. Louis	man		L. Kaufm Main Str				21227
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR A	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	_	bode of dying, su	ch sa cerdisc	or respiratory a	irrest,	Interval Between
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			BELTSVILI	LE MED.	CENT	ER	LA	UREL				PR:	INCE	GEORGES
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Sequifism CAU that resure PAR 25. W E 1 27. M M 2 3	PART Ententhe block of the bloc	e diseasa, or r heart failure.  (Finel Additions, mediate littying injury AST	complications that List only one cau  a. DUE TO b. DUE TO d. DUE TO d. COMPLETE OF (Month, D) 28e. PLACE O	t chused the se on each lice on	BOUENCE COUENC	DF):  OF):  OF):  OTHE  4 Number of	NAME AN SOL 6010 r the mo	DE LACE OF C	SS OF FANCINGON	Part I. 2  Cother (s 28d, Description 28d, Description 28d, Locat 28d, Description 28d, Locat 28d,	OS . / RD . c or respir	AUTOPSY MED?	TO.,	MD 21215  Approximate Interval Betw Onset and De Onset an
PAR  25. W PAR  25. W 27. M 29. 4	PART Ententhe shock of EDIATE CAUSE ( see or condition siting in death)  uentisity list control in the see anter UNDER (	e diseasa, or r heart failure.  (Finel Holditions, mediate LLYING injury AST  D TO MEDICAL  Pending investigation  Could not be determined	complications that List only one cau  a. DUE TO b. DUE TO d. DUE TO d. COMPLETE OF (Month, D) 28e. PLACE O	t chused the se on each line on	death. Do ne.	DF):  OF):  OF):  OTHE  4   No.  ME OF  RJURY  M, street, fai	NAME AN SOL 6010  The mo  26. Pi  FR: straing Hon 1 ctory, office	DE CONTROL DE CONTROL	ss of FA	Part I. 2  Beck only one)  S Other (City or	OS . , RD . C or respir	AUTOPSY MED?	TO., rest,  24b	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do

30. NAME AND ADDRESS OF PERSON WHO CON JULY MARGOLIS 31. DATE FILED (Month, Day, Year) APR 15 tho completed cause of death (ITEM 37) (Type, Print)

	1 - FOR STATE REGISTRAR Elizabeth M	TATE OF MARYLAN . Molinar	ID / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.		<u>_</u>	10421
	1. DECEDENT'S NAME (First, Middle, Lest)	TH M.	Y	MIJOI		2. DATE O		1995	EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SI 1  9a. FACILITY NAME (If not institution, give street an	M 20 67	YRS.	HUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	Apri	Day Yours	925	BIRTHPLI Country) New	York
TOR	Carroll County Gene	,		Westma	n Location of C inster	DEATH		e. county		Н
DIRECTOR	10a. state Pennsylvania York		10c. CITY, 1	OWN OR LOCAT						d. INSIDE CITY LIMITS?  YES 2 X NO
FUNERAL	100. STREET AND NUMBER 50 S. Main St.			10f.	2IP CODE 17363					T COUNTRY?
B	1 Never Married 2 N Merried	MAS DECEDENT EVER IN U. ORCES? 1 YES: YES, GIVE WAR OR OATE	2 NO	13. WAS DECI If yea, spe 1 YES	ENDENT OF HISPA city Cuben, Mexic 2 NO Speci	an, Puerto Ric	(Specify Year can, etc.)	r No 14.	Black, W	American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade comple Elementary/Secondary (0-12)  Colle	ege (1-4 or 5+)	Give kind of work No. Do NOT use no Teacher	UAL OCCUPATIO done during mos tired.)	N at of working		Educat			10020
BE CON	17. FATHER'S NAME (First, Middle, Leist)  Edward Healt	9			18. MOTHER'S NA	AME (First, Mid			nn	
TO	19a. INFORMANT'S NAME (Type/Print)  John P. Molinar				d Number or Rural				de) 1206	
	29. METHOD OF DISPOSITION 1/0 Burial 2 Cremation 3 Removal for 4 Donation 5 Other (Specify)	m State cemeter	ACE AND DATE OF D	nsposition (Nar place) edeemen	cem.		20c. LOCA			
	21. SIGNATURE OF TINERAL SERVICE LICENSEE	Kines	ed)	ROBERT	C. ALT	ENBURG	Balti	maka	MD	INC. 21214
NOIL	23. PART I. Enter the diseases, a compile shock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):						,	Approximata Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d	OUE TO (OR AS A CO	NSEQUENCE OF):							
MEDICAL	PART II. Other significant conditions cont	iributing to death but i	not resulting in the	he underlying	cause given in		4s. WAS AN AL PERFORMI YES 2	E97	AMA COM OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	EXAMINER?	PITAL:		THER:	5 Residence					
ву рну	AND ALCOHOLOGY OF THE PROPERTY	Re. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJU WOR	RY AT		IBE HOW INJ	URY OCCURE	ED	
- 20		Be. PLACE OF INJURY — I building, stc. (Specify)	At home, farm, stree	t, factory, office		28f. LOCATION City or 1	ON (Street and Town, State)	Number or R	lural Route	Number,
COMPLEIED	29e. CERTIFIER Check only one) CERTIFYING PHYSICIAN: To come 2 MEDICAL EXAMINER: On the	o the best of my knowledge he basis of examination and	e, death occurred st	the time, date a	nd place, and dua ath occured at the	to the cause(	(s) and manne d place, and c	r as stated.	use(a) and	I menner se stated.
	TO THE OF	macado	m	D	20c. LICENSE NUN	ON9	2	9d, DATE SIG	NEO (Mon	th, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH	(TELL BY) (Type, Prin	()						
	31. DATE FILEO (Month, Day, Year) APR 15 1992	REGISTRAN'S SIGNATUR	-							



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlat, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or New 3 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E	10422
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH
	Ida	Pearl	Neussi	nger		April 10		12:40 A M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country)
	216-03-3223  9a. FACILITY NAME (If not institution, give		8 YRS.		R LOCATION OF DE	June 15 1		Maryland
DIRECTOR	1718 Kurtz Aven	ue		Luther			Balti	
<u>اي</u>	10a. STATE 10b. COUNT	ſΥ	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Bal	timore	Lut	herville				1 YES 2 X NO
₹ I	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1718 Kurtz Aven				21093		1	SA
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Maxican 2 NO Specify:	IC ORIGIN? (Specify Yes I, Puarto Rican, atc.)		RACE American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION ie completed)	16a. DECEDENT'S I	JSUAL OCCUPATION OF COMPANY	ON et of working	16b. KIND OF BUS	SINESS/INDUST	RY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)	of Or Working			
M M	12 17. FATHER'S NAME (First, Middle, Lest)		Bookke	eeper		Sheet M		
	Thomas Wells Wh	oolor				AE (First, Middle, Maiden		
B	19a. INFORMANT'S NAME (Type/Print)	eeler	10h MAILING	ADDRESS /Street		Armacost		
2	Mrs. Emilie N. W	lelsh				itherville,		·
	20a. METHOD OF DISPOSITION 1	noval from State come	PLACE AND DATE O	F DISPOSITION (Na			CATION — City	
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		oodlawn	Cemete		Ba	ltimore	. Md.
	Jana Str.	Jesmon _	_	Lemm		ell-Wiedefe		
_		emmon		10 W.	Padonia	Rd., Tim	onium,	Md. 21093
	23. PART i. Enter the diseases, or shock, or heart fallura.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	List only one cause on esc s	ch ilne.				ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C	CONSEQUENCE OF	);				
AL C	PART II. Other significent condition	ns contributing to death bu	t not reaulting in	the underlying	csuse given in f			24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA						PERFOR	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ck only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat		OTHER: 4 Nursing Hom	5 Residence	5 Other (Specify)		
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 1	RK? 'ES 2 NO	29d. DESCRIBE HOW II	NJURY OCCURE	:D
	3 Suicide 6 Could not be datermined	26a. PLACE OF INJURY – building, etc. (Specif)	— At home, farm, st y)	reat, factory, office	'	261, LOCATION (Street a City or Town, State)	and Number or Ri	ural Route Number,
COMPLETED		SICIAN: To the best of my knowled ER: On the basis of examination						use(a) and menner se stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIE		7		29c. LICENSE NUM			GNED (Month, Day, Year)
TO B	ful	mille	1.		0071	32	× 4/	13/52
	Richard D. Maffe				worth Dr	., Towson	n Md	21204
	31. DATE FILED (Moritin, Day, Year) APR 15 1992		TURE D	2 1101111		., 10#30	.,	21207
	APK 19 1992	- Juna Davidson	- Manage					



Z	the hos	detach		once.	
BALLIMORE, MARTLAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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DIVISION OF VITAL RECORDS, P.O. BOA 80/80,	De exec	lan and	r to bu	sumati	
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	DING P	After t	death	s mar	l
2	ATTEN	ECTOR:	s after	1 28	l
1	AL OR	AL DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item	
	HOSPIT	UNER	within ,	ANT	
	THE (	THE	filed v	4PORT	
	H	P.	Š	=	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYG	IENE	10423
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		3. TIME OF OEATH
	ROBERT	В.		PITTS	Jr.	04		92 1:15 PM
	4. SOCIAL SECURITY NUMBER		M	FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTS	1 1	BIRTHPLACE (State or Foreign Country)
1 1	579 08 5038	1 X M 2 □ F 1	8 YRS.			July I	1, 197	3 Wash., DC
Or.	9a. FACILITY NAME (If not institution, give a	THE STATE OF THE S	1		R LOCATION OF (	DEATH		Y OF DEATH
DIRECTOR	PRINCE GEORGES H	DSPITAL	(	CHEVERL	Υ		PRINC.	E GEORGES
m	10a. STATE 10b. COUNTY	r	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
8	District of	Columbia	Wa	shingo	ntn			LIMITS?
AL AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
E	2125 32nd Str	eet, S.E.			20020		Uni	ted States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1 YES	J.S. ARMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Specif		I. RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES		2 MO Spec	ean, Puerto Rican, ato fly:	.)	Specify: Black
	15. OECEDENT'S EDU	CATION				1		
	(Specify only highest grade	completed)	(Give kind of wor life, Do NOT use if	k done durina mos	IN st of working	16b, KIND OF	BUSINESS/INDUS	STRY
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		/A0		1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			/ 22 -	18. MOTHER'S N	AME (First, Middle, Ma	idea Sumama)	
BE C	Robert B. Pitt	S				Price	our currency	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AI	ODRESS (Street a		Route Number, City o	Town, State, Zip C	ode)
2	Doris D. Pitts	5				S.E.		ngton D.C.
	20a. METHOD OF DISPOSITION 1 M Buriel 2 □ Cremetion 3 □ Rem	20b.Pi	LACE AND DATE OF	DISPOSITION / Ma	me of	DATE 20	LOCATION - CH	ny at Tawa State
	4 Dy Roun 5 Other (Specify)	- Ha	armony	Memori	al Par	k 4/11/	92	Landover, Md.
1 1	21. SIGNATURE OF RUNERAL SERVICE LIC	ENGEL A		22. NAME AN	D ADDRESS OF F	neral H		
	Volunt.	lewart	TIL			ng Road		
	IMMEDIATE CAUSE (Final	List only one cause on each  Head I  DUE TO (OR AS A CO	h line.		de of dying, su	ch se cardiac or r	espiratory arres	t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in desth) LAST	DUE TO (OR AS A CO	•					
AL O	PART II. Other significant condition	s contributing to death but	not resulting in	the underlying	csuse given in		S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
2							S 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC							0 2 <u> </u> 10	OF DEATH?
ä								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORRITAL			ACE OF DEATH (C	heck only one)		
1SI	1X YES 2 NO	HOSPITAL: 12 Impetient 2 ER/Outpetic	ent 3 DOA 4	THER:  Nursing Home	5 - Residence	6 Other (Specify)		
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJE	JRY AT	28d. DESCRIBE H		
B	1 Netural 5 Pending 2 Accident Investigation	04/06/92			ES 2XXNO	Subject	auto imp	pact tree
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	)	et, fectory, office		281, LOCATION (St. City or Town, S	wet and Number or tate)	Rural Route Number,
E I			STREET					
COMPLET	(Check only	CIAN: To the best of my knowled R: On the basis of examination as	gs, death occurred ind/or investigation,	nt the time, date in my opinion, de	and piece, and du eith occured at the	to the cause(a) and time, date and place	manner as stated.	suse(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE-OF CERTIFIER	4 /1: 4			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
	Denne	2 h. Chate			O.C.M.H	Ξ.		4/09/92
2	30. NAME AND ADDRESS OF PERSON WHO							
	AL DATE FOR PARTY OF			EET,BAL	TIMORE,	MARYLAND	21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU				•		



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BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTI
)	1. DECEDENT'S
•	KRIS
	4. SOCIAL SEC
ŀ	230-0
1	9a. FACILITY N
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l	Virgi
	10e. STREET A
	149
١	11. MARITAL ST
1	VIV. Navar Ma

	REGISTRAR		CERTIF	ICATE	OF DEATH	RE	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Т	8	F. J		2. DATE OF D		YEA		IME OF DEA	TH
	KRISTINA	L		EDERSO		04	11	199	2 0	9:17	рм
	4. SOCIAL SECURITY NUMBER 230-02-5671	1 🗆 M 2 💢 F	AGE (In yrs. lest birthdey) 21 yrs.	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	Sept.	24°,19	70	Country) V	E (State or F	ia.
OR	9a. FACILITY NAME (If not institution, give s THE JOHNS HOPKIN		L	96. CITY, T BALTI	TOWN OR LOCATION OF	DEATH		9c. COUNTY O		CITY	7
ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	v	10c CI	ry, town on	LOCATION				Land		
L DIRECTOR	Virginia 10e. STREET AND NUMBER	Fairfax	10%, 541	1, 10th on	Cent	reville			1 [	INSIDE CITY LIMITS? X YES 2	
FUNERAL	14917 Rydell R	load			10f. ZIP CODE	2020		U.S		COUNTRY?	
BY	11. MARITAL STATUS    X   Never Married   2   Married   3   Widowed   4   Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2- NO	H y	AS DECENDENT OF HISP yes, specify Cuban, Maxi YES 2 NO Spec	Ican, Puarto Rican,	ecify Yes or etc.)	1 1	Black, Whi	merican Indi Ita, etc. White	
E	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCC	CUPATION ring most of working	16b. KIND	OF BUSIN	ESS/INDUSTF	RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Teac	ise retired.)	my most or worning	Da	y Car	e Cen	ter		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Richard A. Pede	rson	1			ly Bril		mame)			
TO B	190. INFORMANT'S NAME (Type/Print) Richard A. Pede	rson	196. MAILING 4613	Sand	Street and Number or Rura Rock Lane,	Ohanti	ty or Town. S	State, Zip Code	2202	1	
	20e_METHOD OF DISPOSITION 1 LA Burlet 2 □ Cremetton 3 □ Remet 4 □ Donation 5 □ Other (Specify)	oval from Stata	20b. PLACE AND DATE OF	OF DISPOSITI	ION (Name of		20c. LOCAT	TION — City o	or Town, S Virg	teta inia	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Q	22. NA 10	ME AND ADDRESS OF 1	FACILITY Eve	rly F	unera	l Ho	me	
	23. PART I. Enter the diseases, or o	complications that ci	ausad the death. Do						1	Approxim	nta
	IMMEDIATE CAUSE (Fine)	List only one cause	on each line.							Intarvel B	d Dooth
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Unese	ole Pur as a consequence of actable P as a consequence of	rolac	able Mal	trongel	Sav	Camo	_	5 mar	rdhs
CERTIFICATION	CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	OUE TO (OR	AS A CONSEQUENCE OF	F):					İ		
	PART II. Other aignificant condition	s contributing to de	ath but not resulting	In the unde	eriving cause given i	n Part I. 24a.	WAS AN AU	TODEY	245 WEDI	E AUTOPSY FI	- Albande
: MEDICAL							PERFORME YES 2 [	D?	AWAIL COMI OF D	ABLE PRIOR PLETION OF ( EATH?  YES 2	TO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	Phone and age)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	g Homa 5 Rasidence		***				
Y PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJ (Month, Day, Y	JURY 28b. TIM	IE OF 28	Be. INJURY AT WORK?	26d. DESCRIBE	-	JRY OCCURED	D		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF IN building, etc.	NJURY — At home, farm, a . (Specify)			261. LOCATION City or Tow	(Street and n, State)	Number or Ru	iral Route fi	lumber,	
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of my	knowledge, death occurre	ed at the time	), deta and place, and du	re to the cause(s)	and manner	r an stated.			
8	2 MEDICAL EXAMINER		nation and/or investigation	n, in my opin	ilon, death occured at th	e time, data and p	leca, and d	ua to the cau	se(s) and	menner as st	tated.
TO BE	296, SIGNATURE AND THE KEIN	9			29c. LICENSE NO.		21	M. DATE SIGN	92	h, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO KIRK FLEISCHER		ohns Hopk		posital,	Wolfe	Street	ot Ral	time	ve. N	ND
	APR 15 1992	funa Daydon	STORTUPE DE					-, 10		×-11.	.,



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Selaid Exception

attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should	
G PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should the State Dept. of Hearth and Mental Higiene prior to burla, cremation, or removal.	d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the death certificate be executed within 24 hi	certificate has been signed by the attenting physician and completely filled in by the title State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	injury, or other traumatic event, the n
DING PHYSICIAN: The law requires that	After this certificate has been signed by death with the State Dept. of Health and	s marked, or Item 23 shows any
TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIFFECTOR to filed within 72 bours after	IMPORTANT: If Item 28 I

FOR 1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	10420
1. DECEDENT'S NAME (First, Middle, LI EDWARD LAWRENCE	*			2. DATE OF OEATH MONTH 10-1992	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-07-7023	1 ⊠ M 2 □ F 8		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year) (1 - 28 - 904	BIRTHPLACE (State or Foreign     Maryland
98. FACILITY NAME (If not institution, gas 1602 Joplin St. Residence of decement	creet		altimore City	DEATH 9c. CO	OUNTY OF DEATH
1602 Joplin State 100. cou			timore City		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1602 Joplin St	reet		10f. ZIP CODE 21224		nited States
10. STREET AND NUMBER 1602 Joplin St 11. MARITAL STATUS 12 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci		14. RACE — American Indian, Black, Whita, etc. Specify: White
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Superv	done during most of working tired.)  1SOT	Martin Mari	noustry Letta
Early Rush			Charlo	AME (First, Middle, Melden Sumeme, otte Farren	
Robert M. Rush	n, Sr.	8402 Ha	ORESS (Street and Number or Rural LIMark Circle	Route Number, City or Town, State, Baltimore,	<sup>7(p Code)</sup> MD 21234
29e, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 F  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	lamoval from Stata cerr S	PLACE AND OATE OF O etery, crematory or other t. Matthew	place)	3/92 Baltim	- City or Town, State  OOCE, MARYLAND
Elizabeth	a. Selinas	bi:	Lilly & Zeile 1901 Eastern	er, INc. Funera Ave. Balto	MD 21231
23. PART I. Engy the diseases, shock, or heart failu immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A	consequence or):	and a surface of dying, au	/	Approximate Interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C DUE TO (OR AN A	CONSEQUENCE OF):			
PART II. Other significant condi	ions contributing to death b	ut not resulting in t	he underlying cause given in	Part I. 244. WAS AN AUTOPS: PERFORMED?  1 YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C) THER: Numing Home S C Residence	The state of the s	
27. MANNED OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Morth, Day, Year)	386. TIME OF	28c, INJURY AT	28d. DESCRIBE HOW INJURY O	CCURED
3 Sufcide 6 Could not 4 Homicide getermine		— Af home, larm, stree	t, fectory, office	28f. LOCATION (Street and Numb City or Town, State)	er or Russi Route Number
				o to the cause(s) and mermer as at time, date and place, and due to	tated. the cause(s) and manner as stated.
296. SIGNATURE AND THILE OF CENTS 30, NAME AND ADDRESS OF PERSON	ux15	ATH OTEM DAYNON FOR	29c. LICENSE NU 136	25-6 294. CA	KTE SIGNED MANUE PROPERTY
31. DATE FILED (MOVIE), Day, 1947)	A PREZ J	y, D-	<b>X</b> 0		0.53
APR 15 1992	Jan Davidson-V	andelle			

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netitled at once.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First KONSTANTIN	, Middle, Last)				_	TOTAL S		2. DATE O	F DEATH	AY	_ YEAR	3. TIME OF DE	70.7
							TRY		04 04	ala fi	2 1		7:08	Р. м
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month,	F BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or	Foreign
	219-30-883		1 M 2 F	65	YRS.					5/26			raine	
DIRECTOR	90. FACILITY NAME (# not in 4400 VALLEY RESIDENCE OF DEC	VIEW .						RE CITY	DEATH		9c. COU	NTY OF D	EATH	
EC	100. STATE	10b. COUNT	Υ	· · · · · · · · · · · · · · · · · · ·	10c. CITY	TOWN O	R LOCAT	TON					10d. INSIDE C	ITY
DIA	Md.				R a	alti	mor	0					LIMITS?	
	10e. STREET AND NUMBER					4101	-	. ZIP CODE			10g. CIT	ZEN OF V	VHAT COUNTRY	
ER/	4400 Vall	Lev V	iew Ave	nue				21206			11	.S.1	Δ	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. V	AS DEC	ENDENT OF HISPA	ANIC ORIGIN?	(Specify Ye			- American in	ndlen,
BY F	1 Never Merried 2 3 Widowed X Divo			YES 2 X P	Ю			2/CXNO Spec		can, atc.)		Speci		
	- X-12											Whi	te	
COMPLETED	(Specify onl	EDENT'S EDU y highest grade	completed)	(0	CEDENT'S L we kind of we Do NOT use	ork done d			16b.	KIND OF BU	SINESS/INC	DUSTRY		
PLE	Elementary/Secondary (f		College (1-4 or 5	+)	chir	,				onti.	ont.	. 1 C	200 00	- 1
WO	17. FATHER'S NAME (First, M		· · · · · · · · · · · · · · · · · · ·	1 1410	CHIL	1156	-	18. MOTHER'S N				aı (	Can Co	•
Ö	Hawrylo		726					Domac						
BE	19e. INFORMANT'S NAME (		Lun	194	. MAILINO	ADDRESS	(Street e	nd Number or Rura				Gode)		
5	John Strvz	ak						n Park					121/	
	20e. METHOD OF DISPOSIT	ION	orogani, rase	20b. PLACE	ND DATE OF	FDISPOSI			DATE	20c. LC	CATION -	City or To	wn, State	
	1 [XBurial 2   Crematic		oval from State	St. A	metory or oth	er place)	Ce	m. 4	/16/9	9 P R	altin	more	Md	ł
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	1	1			D ADDRESS OF F	ACILITY		4 - 0 -	1101		
	In	Lus	2	Sarl 1		Li	11v	& Zei	ler :	Inc.	190	1 Fa	2123 stern	
	23. PART I. Enter the d	Iseesea, pr	complications the	t caused the de	eth. Do no	ot enter	he mo	de of dying, su	ch as cardi	ac or reap	iratory an	rest,	Approxi	mata
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)		HUPER OUE TO			PERL	OSC	LEROTK	CA	2010 V/	<b>NSCUL</b>	M	Onnat a	Between ind Death
			OUE TO	(OR AS A CONSEC	DUENCE OF	:				PISE	ME			
CERTIFICATION	Sequentially list condit		b	(OR AS A CONSEC	UENCE OF									
₹	If any, leading to imme- cause. Enter UNDERLY	NG			,								į	
Ĕ	CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A CONSEC	UENCE OF)	:								
E	resulting in death) LAS	' (	d											
	PART II. Other algolitica	nt condition	a contributing to	deeth but not r	eaulting in	the unc	ierivino	cause given in	n Part I	24a. WAS AN	ALITOPSY	24h	WERE AUTOPSY	EMOINGS
MEDICAL	SE	3/2UR		ROER						PERFO	RMED?		AVAILABLE PRIC	OR TO
			100						_	YES :	□ NO		OF DEATH?	
									_				1 DYES 2	NO
A	25. WAS CASE REFERRED TO	O MEDICAL	100			_	26. PL	ACE OF DEATH (C	heck only one					
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHER		■ 5X Reeldence	. 8 □ Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28e. OATE OF	INJURY	28b. TIME	OF	28c. INJ	URY AT	_	RIBE HOW	NJURY OC	CURED		
ВУР		Pending Investigation	(Month, D	ery, reer)	INJU	M		RK? 'ES 2 NO						
_	3 Suicide 8	Could not be	28e. PLACE C	F INJURY — At he	me, farm, st	reet, fecto	ry, office		28f. LOCAT	TON (Street Town, State)	and Number	or Rural F	loute Number,	
1	4  Homicide	determined	11/25/201						Gay G	iowii, Giaio)				
2	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurred	at the tir	ne, date	end place, and du	e to the caus	e(s) end ma	nner ee stat	ed.		
COMPLETED			R: On the besis of a										) and manner e	e stated.
	296 SIGNATURE AND TITUE	OF CENTIFIE	100		1			29c. LICENSE NU	MBER		29d. DAT	E SIONED	(Month, Day, Yee	ır)
BE C	lan	1. 1	BUL-	AIN	$\sim$			O.C.M.E			▶ 04	-13-	1992	
1	40 1	-	O COMPLETED CAU	DE OF SEATH (ITE	1 27) (Type, I	Print)								
1	MAYSID +	1 63	Ti ma	IAMAIN		111	TOTAL	TO TO COLUMN TO THE OWNER OF THE OWNER OF THE OWNER OW						. 1
941	11/2/10	abl	KIJK.	LIVIVY		TTT	PEN	IN STREE	T BAL.	I'IMOR	E MAF	RYLAN	D 2120	1
1	31. DATE FILED (Mohith, Day, APR 15 19	Year)	32. REGISTRA	IR'S SIGNATURE	0	<u> </u>	PEN	IN STREE	T BAL	LIMOR	E MAR	RYLAN	D 2120	1

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL UNRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
10	TO T	IMP	

	#l,Film(	G687 5/20/	'92 kam				0	2 1042	7
	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN	E	2 1042	. 1
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH MONTH DA		YEAR 3. TIME OF DEATH	н
	William John	Edgar		er, Sr.		April 8	199	2	M
	4. SOCIAL SECURITY NUMBER 215-09-5761	5. SEX 6. AGI	E (In yrs. lest birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fore Country)	eign
	9a. FACILITY NAME (If not institution, give a	7.	78 YRS.	9b. CITY, TOWN C	OR LOCATION OF DI	Feb. 3 19		Maryland	
OB	12401 Falls Road			Cocke	ysville			ltimore	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY	
DIR	Maryland Balt	imore	Co	ckeysvill	le			LIMITS?	NO
JAE	10e. STREET AND NUMBER	-			. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?	
FUNERAL	12401 Falls Road	12. WAS DECEDENT EVER			21030			SA	
	1 Never Married 2 Married	FORCES? 1 YES	8 2) NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.)	or No 1	4. RACE — American Indian Black, White, etc. Specify: White	n,
Э ВУ	3 XWidowed 4 Divorced	38 (51) (813, 11)	7.00.00			,		specify White	
IE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16e. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION Work done during mo	DN ist of working	16b. KIND OF BUS	INESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Parts I	Dept.		Beth	lehem	Steel	
E CON	17. FATHER'S NAME (First, Middle, Last) Charles Sprecher		-			ME (First, Middle, Meiden Harrison	Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town			
۴	Peggy Sprecher					keysville,	Md.	21030	
	20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rem  4 Donation 6 Other (Specify)	oval from State	Ob. PLACE AND DATE ametery, crematory or o	ther nisce)		DATE 20c. LO		TOTAL PROPERTY.	
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	race Uni	22. NAME AN	ID ADDRESS OF FA	CILITY		erstown.MD	
	Paul T. Lo	chstampton	N 4 8081	Lemm	non-Mitcl	hell-Wiedef	eld	n, Md. 2109	2
	23. PART I. Enter the diseases, or centre of the series of	complications that ceus	ed the death. Do i	not enter the mo	de of dying, suc	h as cardisc or respi	ratory arre	et, Approxime	1e
	IMMEDIATE CAUSE (Final		eech line.	/				Onset and	
	disease or condition resulting in death)	rena	A CONSEQUENCE O	Jule					
2		bladd	es CH	ry: ~ c2!				l	
TIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					
CA	CAUSE (Disease or Injury	DUE TO (OD AC	4.00005005005 0						
1001	thet initiated events resulting in death) LAST		A CONSEQUENCE OF	r);					
핑	PART II. Other algnificant condition	e contributing to death	but not regulate.	In the control des				1	
MEDICAL		a south bothing to decim	but not resulting	in the underlying	g couse given in	PERFOR	MED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA	O
MED		,				1 □ YES 2	NO	OF DEATH?	
						_		1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Ch	eck only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 X ER/Ou 26a. DATE OF INJURY	7 28b. TIM	4 Nursing Home E OF 26c, INJ	-1	6 Other (Specify)  28d. DESCRIBE HOW II	JURY OCCU	RED	
ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		RK? /ES 2 NO				
	3 Suicide 8 Could not be determined	26e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, sectly)	street, factory, offici		261. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedge, death occum	ed at the time, data	and place, and dua	to the cause(a) and man	ner sa stated	1.	
OM								cause(a) and manner as sta	ited.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	51.01	Ma		29c. LICENSE NUM	ABER	29d. DATE	SIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	FATH (ITEM OF /S	Print1	1309	10	P 4/	1/3/92	
1	WILLIAM OF TENOOR WITH		(**Em 2/) (/y/20,	· innj					

Robert B. Stoltz, M.D. 1818 Pot Springs Rd., Lutherville, Md. 21093

31. DATE FILED (Month, Day, 1991)

APR 15 1992

Junia Davidson Andree

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-rours after death. Page 6 may be retained by the hosp
מונים וויטווי, שמווים	

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OF		ENTAL HYGIENE REG. NO.	10420
1	1. DECEDENT'S NAME (First, Middle, Last)  We 4	IRTLE SMI	i+h		2. DATE OF DEATH DAY	YEAR 92 3. TIME OF DEATH M
TOR	4. SOCIAL SECURITY NUMBER / 216 28 5703		YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 12 5 19	8. BIRTHPLACE (State or Foreign Country)  4
	90. FACILITY NAME (If not institution, give BON SECOURS RESIDENCE OF DECEDENT	HOSPITAL		OR LOCATION OF DEAT		ACTIMOLE CITY
- DIRECTOR	10a. STATE 10b. COUNT  LUD:  10a. STREET AND NUMBER	ity	BACTIM	OLE		10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	134 (0400)	N A VE		of. ZIP CODE	29	CITIZEN OF WHAT COUNTRY?  USA
В	11. MARITAL STATUS 1 Never Married 2 Married 3 A.Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES	IO If yes, s	ECENDENT OF NISPANIC specify Cuban, Maxican, S 2 NO Specify:	ORIGIN? (Specify Yes or No- Puerto Ricen, etc.)	- 14. RACE — American Indian, Black, White, atc.  Specify: B CACK
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION 16s. DE (Gi lifts. College (1-4 or 5+)	CEDENT'S USUAL OCCUPAT ive kind of work done during n Do NOT use retired.)	TION nost of working	16b. KIND OF BUSINESS	INDUSTRY
COM	17. FATHER'S NAME (First, Middle, Last)	1.		0	(First, Middle, Melden Sumern	10)
BE	19a, INFORMANT'S NAME (Type/Print)	tenson	MAILING ADDRESS (Comme	* Kase	Henson ute Number, City or Town, State	The Cordal
2	Christine 5	Tones	134 S. C	1	Ave Bal	to ud 21229
14	20a. METNOD OF DISPOSITION  1 X Burial 2 Cremation 3 Rer 4 Donation 8 Other (Specify)	noval from State 20b. PLACE other ple	of Disposition (Name of o	1000	Ball	V — City or Town, State
	21. SHONATURE OF FUNEAAL SERVICE L	March		AND ADDRESS OF FACILITY OF THE PROPERTY OF THE	f. Wast	Ove
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert fellure immediate or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A CONSECUTION OF TO (OR AS A CO	Ovebro DUENCE OF):  fecus DUENCE OF):		Deed Premou	interval Between
PHYSICIAN: MEDICAL CE	PART II. Other eignificent condition	contributing to death but not re		9 5	ert I. 24s. WAS AN AUTOF PERFORMED? 1 YES 2 NO	AMILABLE PRIOR TO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26.	PLACE OF DEATH (Chec	k only one)	
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3	DOA 4 Nursing No	ome 5 Residence 8	Other (Specify) 28d. DESCRIBE NOW INJURY	OCCURED
ВУ Р	Natural 8 Pending Accident Investigation		M 1	YES 2 NO		
	3 Suicide 4 Could not be distermined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Steley					
COMPLETED	Conson only	SICIAN: To the best of my knowledge, de NER: On the basis of examination and/or				
TO BE	296. SIGNATURE AND TITLE OF CERTIFE	KIRAN PARIS	CH, MD.	D 26		DATE SIGNED (Month, Day, Year) 4 / 1 / 92
_	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DEATH (ITE	M. 27) (Type, Print) Sint	定 222	, MD and	1042 city
	APR 15 1992	92. REGISTRAR'S SIGNATURE	OR.			

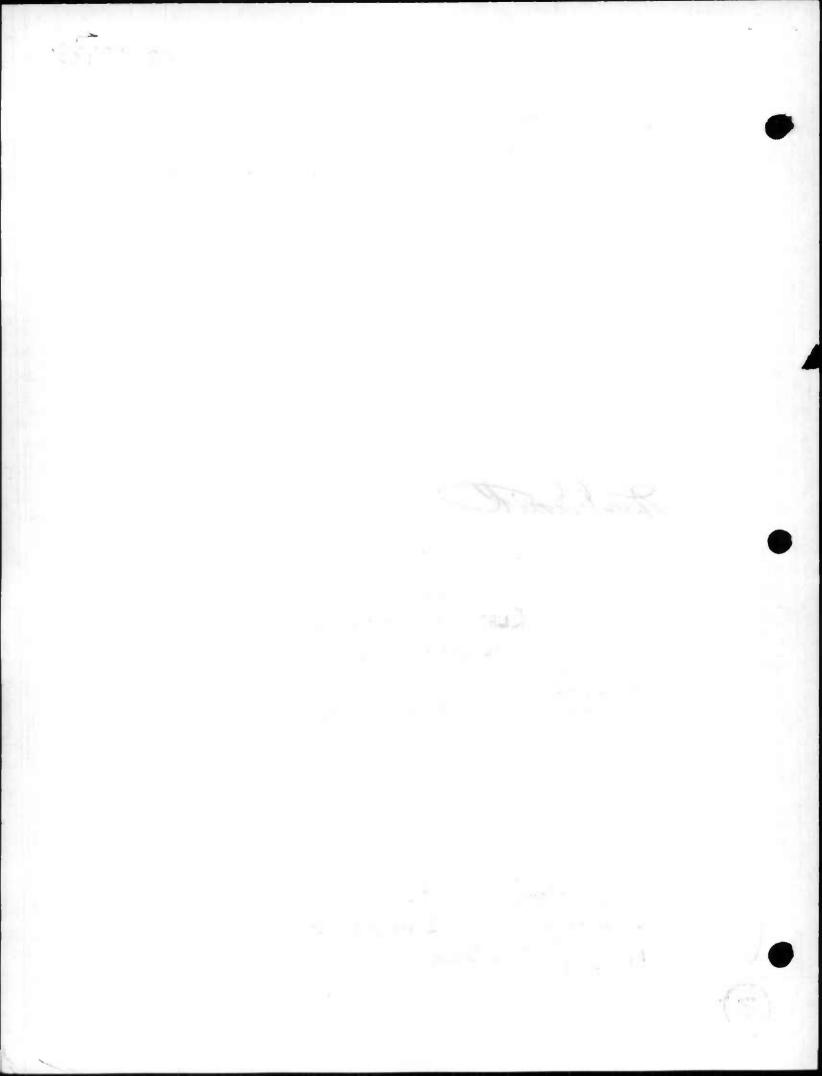


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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed v	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com-	
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	E	E :	

_	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest) HELEN	C. STAMM	H -			2. DATE OF DEATH MONTH		YEAR 3. TIME OF DEATH
TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 214-76-2612	1 🗆 M 2 💢 F	88 YRS.		EAR IF UNDER 24 HRS. IYS HOURS MIN.	OCT 04		BIRTHPLACE (State or Foreign Country) MARYLAND
	9a. FACILITY NAME (If not institution, give st HARBOR HOSPITAL	reet and number)			WN OR LOCATION OF D	PEATH	9c. COUNT	Y OF DEATH
	100. STATE 10b. COUNTY			ALT IMO				10d. INSIDE CITY
	100. STREET AND NUMBER  1005 DE SOTO ROA	AD			10f. ZIP CODE 21223		109. CITIZE	1 YES 2 □ NO
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2X NO	If yes				4. RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of the Do NOT u	work done during se retired.)	PATION g most of working	16b. KIND OF BI	USINESS/INDUS	
	17. FATHER'S NAME (First, Middle, Lest) GEORGE MILI	ES			FANNI		OTT	
5	190. INFORMANT'S NAME (Type/Print) HELEN PEED		525	S. LON	GWOOD ST.,	Route Number, City or To BALTIMORE	wn, State, Zip C	ode) 21223
	20e METHOD OF DISPOSITION 1 LA Burlet 2 Cremetion 3 Remo 4 Donation 6 Other (Specify)	Yell from State	OB. PLACE AND DATE	GF MEM	ORIAL PARK	4-15 EL	ocation — ch KRIDGE	y or Town, State
HUBBARD FUNERAL HOME, 4107 WILKENS AVE, BALT								MD 21229
	29-PART I. Enter the diseases, or conshock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	) i	eech line.			th sa cardiac or reap	piratory arree	t, Approximata Interval Betw Onset and D
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF	GAHF	FREHE			
: MEDICAL	PART II. Other aignificant conditions MALHUTR SPRAN	contributing to death	but not resulting				RMED?	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
YSICIAN		HOSPITAL:	rtpetient 3 🗆 DOA	OTHER:	1 PLACE OF DEATH (Ch			
ву РНҮ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)		E OF 28c.	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
ETED	3 Suicide 4 Homicide  8 Could not be defermined  28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, Stete)							
COMPLI	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my known control of the basis of examination	wiedge, death occurre on end/or investigatio	nd at the time, o	date and place, and due	to the cause(e) end ma	nner se stated.	euse(e) end manner ee stated
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	adeleen	MD		29c, LICENSE NUI			IGNEO (Month, Day, Year)  ORI / 13 19
	OV. NOW ARE FILED (MONTH), Day, Year)	COMPLETED CAUSE OF DE CAUSE OF	D1 2 HA	Prim) HOVER	S. 6	BALTIMO	KE }	12
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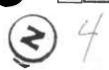


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PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 sho	Health and Merital Hygiene prior to burlay, cremation, or removal.	NPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 STATE	STATE OF MA				MENTAL HYGIEN	NE	92 1043
REGISTRAR		CERT	IFICATE	OF DEATH	REG. NO	D	
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF GEATH MONTH	DAY 1	YEAR 3. TIME OF DEATH.
	SIEGMUND					3, 19	92 6 PM
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthd	MONTHS C	YEAR IF UNDER 24 HRS	(Month, Day, Year)		. BIRTNPLACE (State or Foreign Country)
213-26-6587  9a. FACILITY NAME (If not institution, give a	21	95 YR		OWN OR LOCATION OF	5-30-18	_	Maryland Y OF DEATH
2916 E. McEld		eet		ltimore	CEATH	SC. COOK!	TOP BEATN
RESIDENCE OF DECEDENT							
Maryland 106. COUNT			CITY, TOWN OR				10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
2916 E. McEld				212			U.S.A.
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED YES 2 NO			PANIC ORIGIN? (Specify Yellow), Puerto Rican, atc.)	e or No— 1	<ol> <li>RACE — American Indian, Black, White, atc.</li> </ol>
3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	10	YES 2 XNO Spi	ectly:		Specify: White
15. DECEDENT'S EDU (Specify only highest grade		(Give kind	T'S USUAL OCC	UPATION ing most of working	16b. KIND OF BU	JSINESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)		on use retired.) omemake	er	Ow	n Hom	e
17. FATNER'S NAME (First, Middle, Last)  John	TT.	aslbeck			NAME (First, Middle, Maide ollie	n Sumame)	2
19a. INFORMANT'S NAME (Type/Print)	п		LING AODRESS (		OLITE nal Route Number, City or To	wn, State, Zip C	rode)
Adele M. Stum	ofel						Md. 21093
20e, METHOO OF DISPOSITION 1 CyBurial 2 Cremation 3 Ram	oval from Stata	other place)		of cemetery, crematory			ty or Town, State
4 Donation 5 Other (Specify)	FMSEE	Baltim		emetery		Itimo	re, Md.
+ Fliller X	tal-	M0055			shton Fundaltimore	eral	Home, Inc.
ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death)  a. Out TO (or AS A CONSEQUENCE OF):  OUE TO (or AS A CONSEQUENCE OF):  b. Out TO (or AS A CONSEQUENCE OF):  If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due TO (or AS A CONSEQUENCE OF):  Due TO (or AS A CONSEQUENCE OF):  Due TO (or AS A CONSEQUENCE OF):						
PART II. Other algorificent condition  ASIADC  Reval	pvcb	eath but not result	efeu	Issue of Tilling	in Pert I. 24a. WAS A PERFC 1 YES	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMPLER?				26. PLACE OF OEATH	(Check only one)		
1 YES 2 NO	HOSPITAL: 1   Inpetient 2   E	R/Outpetient 3 🗆 DC	OTHER:	g Nome 5 Residen	ca 6 Other (Specify)		
27. MANNER OF DEATN  1 Natural 5 Pending	26a. DATE OF IN (Month, Day.	JURY Year) 28b.	TIME OF 2	8c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	IREO
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF I building, atd	NJURY — At home, fa :. (Specify)			28f. LOCATION (Stree City or Town, State		r Rural Route Number,
29a. CERTIFIER 1 CERTIFYING PNYS					due to the cause(a) and m		
2 MEDICAL EXAMIN		nination and/or investi	igation, in my opi			_	cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	B 	uh m	D	29c. LICENSE	NUMBER	29d. DATE	SIGNED (Month, Day, Year)
IN. NAME AND ADDRESS OF PERSON WI	10 COMPLETEO CAUSE			UB	1 1 2	0-	11717
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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ng physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-transit permit. Pages		
THE MOSTIAL OF ALTENDING PRISHLANT IN 18 PEQUIES THAT WE GRALL CELLINGE DE EXECUTED WITHIN 24 FOURS ARE GRAIN. PAGE & MAY DE FETANED DY THE NOSPITAL OF ATLENDING PHYSI	ed for use as th		
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SICIAN:	certificat	h the Stat	d. or ite
ADING PH	: After this	death wil	is marke
OH ALIEL	DIRECTOR	hours after	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
TOSPI IAL	UNERAL	vithin 72 I	ANT: II
THE	THE	filed v	PORT

92 10431 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 4 CARDWELL SATTERFIELD 10:35 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) a BIRTHPLACE (State of English Country) VIRGINIA IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1/27/1912 214-01-8940 1 XM 2 F 80 YRS. HALIFAX CO 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LIBERTY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? CHARLES ST. (Deaton N.H.) USA 21212 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced Specify: **BLACK** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HARVERY SATTERFIELD TENSIE SATTERFIELD BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MATTIE BIGGINS 8221 BRATTLE RD. BALTIMORE, MD 21208 20a. METHOD OF DISPOSITION

1 Denial 2 Cremation 3 Demoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State NEW BETHEL BAPT. CHURCH 4 Donation 5 Donation (Specify) ALTON, VIRGINIA 21. SKINATURE OF FUNERAL SERVICE LICENSEE LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 ter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death NFarction disease or condition 10 Corde reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING GANGRENE CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 LINE OF DEATH? 1 TYES 2 TANO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Oulpatient 3 - DOA e 5 🗌 Residence 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — building, etc. (Specify) 3 Suicide Al home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, date and place, and due to the cause(a) and manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) rance 4-12-92 a 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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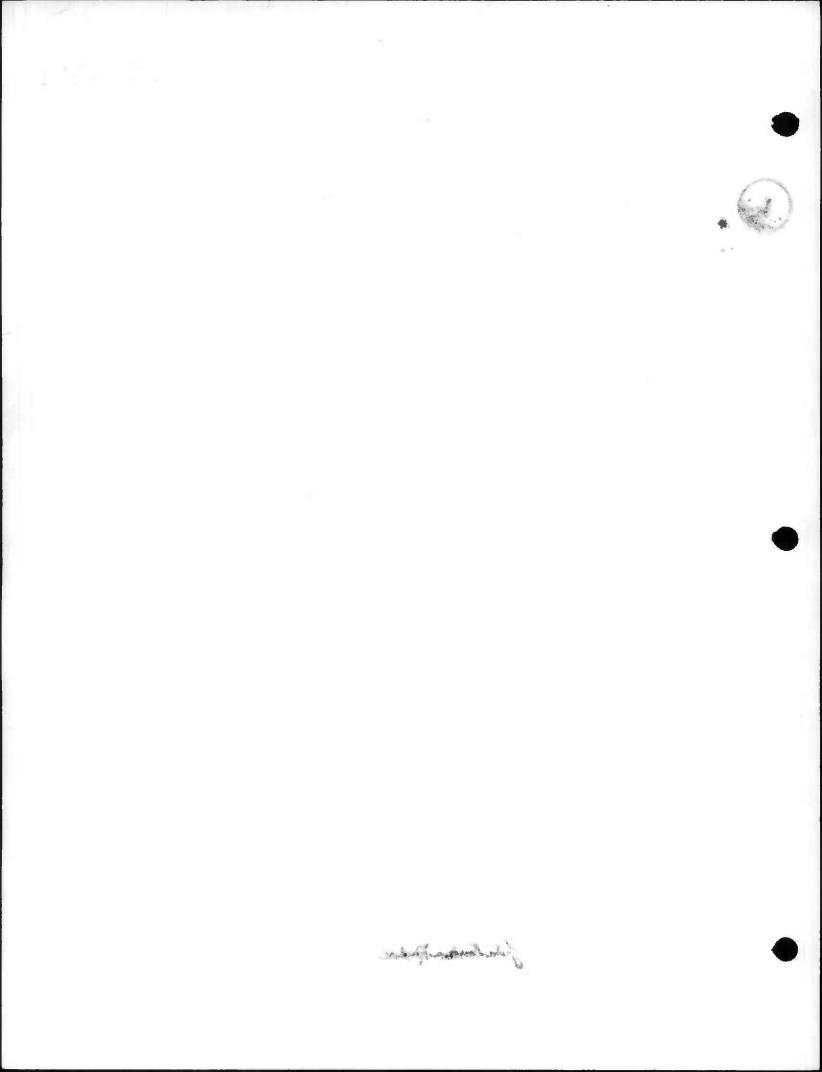
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BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit g removal.	edical examiner must be notifled at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. OECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH (NANCY SCHWALBE) 723 Schwa 17 Nancy 2 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 2/22/1919 PENNSYLVANIA MONTHS DAYS HOURS 73 183-01-7310 1 M 2 X F YRS. 9a. FACILITY NAME (If not institution, give street and number) 95. CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF GEATH HOWARD HOWARD COUNTY GENERAL HOSPITAL COLUMBIA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION ELLICOTT CITY 10b. COUNT 10a. STATE 10d. INSIDE CITY HOWARD MARYLAND 1 TES XX NO 101. ZIP CODE 21043 10e. STREET AND NUMBER WHAT COUNTRY? 3004 NORTH RIDGE RD. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 2 X NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Olvorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give land of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surner ESTHER LERNER THAMPKIN SAMUEL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route 9159 SKINNER RD. FRE el Route Number, City or Town, State, Zip Code) FREDONIA, NY 14063 TED SCHWALBE 26a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Buriel 2 Cremation 35 Removal from State 4/10/92 ELMONT., LI, NY 4 Donation 5 Other (Specify) BETH DAVID 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 cations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between hock, or heart failure. List only dhe cause on each line. Onset and Death IMMEDIATE CAUSE (Finel disesse or condition schemic hawe 150 are resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piace, and due to the cause(a) and manner as stated. DZ0708 29d. DATE SIGNED (Mor 29b. SIGNATURE AND TITLE OF CERTIFIER VZO 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) mD 2,11cm 11055 LIHLE -07 S (0 a

31. DATE FILED (Month, Day, Year)

32, REGISTRAR'S SIGNATURE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or an angle of the hospital or an analysis of the hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an and hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an angle of the hospital or an angle	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn	be lined within 12 hours after organ with the state Dept. Or health and wenter hyperic proxits building, or remova.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
TAL D	MIN	# IF
OSPI	UNER	N
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5	2	E E

										22	10100
	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	ICAT	E OF	DEATH		REG. NO	_	2 (	10433
	1. DECEDENT'S NAME (First, Middle, Last)  ALTCF	NANETTE STOL	(AL	ICE	NANE	TTE STOL	ER DATE O	OF DEATH DA	199	YEAR	3. TIME OF DEATH 4:45PM M
	4. SOCIAL SECURITY NUMBER 214-03-0964		n yrs. lest birthday) 74 YRS.	# UNDE	R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,			8. BIRTHP Country	LACE (State or Foreign
~	9e. FACILITY NAME (If not institution, give str	reet end number)	/ 4	9b. CIT	Y, TOWN	OR LOCATION OF D		19/13		TY OF DE	
DIRECTOR	G.B.M.C. 6701 N.	CHARLES STRE	ET		TOWS	ON			BALT	IMOR	RE
IRE(	10e. STATE 10b. COUNTY			ry, town		TION				18	10d. INSIDE CITY LIMITS?
	MARYLAND   BALTI 10e. STREET AND HUMBER	LMORE	L BA	LTIM		I. ZIP CODE			10a, CITIZ		1 YES 2 XXO
FUNERAL	3010 NORTHBROOK	ROAD APT. H	3		2	1209			1177-19	USA	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Voldowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES	13.	If yes, sp	CENDENT OF HISPAI ecity Cuban, Mexica 2 XXVO Specific	an, Puerto Ri				American Indian, White, etc.
red	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	work done		ON ost of working	16b. I	UND OF BUS	SINESS/INDU	JSTRY	
COMPLETED	Elementary/Seepndary (0-12)	College (1-4 or 5+)	BOOKK	se retired.)					R	ESTA	URANT
BE CO	17. FATHER'S NAME (First, Middle, Lest) ELY GARFINK					18. MOTHER'S NA MIN	ME (First, Mi INIE R				
10	190. INFORMANT'S NAME (Type/Print) MRS ELLEN GLUCK	ζ	19b. MAILING 6421	ADDRES	S (Street &	and Number or Rurel of DRIVE B	Route Numbe	r, City or Tow IORE ,	n, State, Zip ( MD 21	209	
	26a METHOD OF DISPOSITION 1 Durial 2 Cremetton 3 Remo	val from State 20b.	PLACE AND DATE etery, crematory or of BETH T	ther place	1000	ame of	4-12		CATION — C		
	21. SIGNATURE OF PUNETIAL SERVICE LICE	EMSÉE	N.			NO LOCK TRISE				riort	I FID
	mill	Jones									MD 21215
	23. PART I. Enter the diseases, or co ahock, or heart failure. L	omplications that coused list only one cause on ea	the death. Do	not ente	the mo	de of dying, suc	h aa cardi	ac or reapi	ratory arre	at,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	UROSEF	2120								Onset and Death
	resulting in death)	DUE TO (OR AS A		F):							3/22/1992
ON	Sequentially list conditions,	LYMPH(		E)·							5 YEARS
CATI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		OONSEODENCE O								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
	PART II. Other aignificant conditions	contributing to deeth bu	rt not reaulting	in the u	nderlyin	g cause given in	Part i.	24e. WAS AN	ALITOPSY	24b. 1	WERE AUTOPSY FINDINGS
SICA		PRATION				[ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [		PERFOR	MED?		NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL			· · ·								YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (Ch	eck only one)				
YSIC	1 TYES 2 NO	HOSPITAL:	itient 3 DOA	OTHE 4   Nu		e 5 🗆 Residence	6 Other	Specify)			
ву Рн	27. MANNER OF DEATH  1 ***Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Tife	IE OF JURY M		URY AT PRK? YES 2 NO	28d. DESC	RIBE HOW II	NJURY OCCI	JRED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm,	street, fac	tory, offic	•		ION (Street e Town, State)	nd Number o	r Rural Ro	ute Number,
COMPLETED		IAN: To the best of my knowle On the basis of examination									and manner se stated
	296. SIGNATUPE AND TITLE OF CENTIFIER	1.0				29c. LICENSE NUM	MBER				Worth, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WHO	MU.				0277	30			410/	

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GAM COHEN
31. DATE FILED (Month, Day, Year) 6701 APR 1992 15

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CENTIFICATE	OF DEALH	REG. NO.					
1. DECEDENT'S NAME (First, Min	idle, Last)	Le		2. DATE OF DEATH DAY	YEAR 95	3. TIME OF DEATH			
4. SOCIÁL SECURITY NUMBER	3 4 M 2 F	(in yrs. last birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	HPLACE (State or Foreign			
9a. FACILITY NAME (If not institu	tion, give street and number)	Arm Cat	THE VILLE		9c. COUNTY OF C				
RESIDENCE OF DECEI	COUNTY .	Baltin	OCATION City			10d. INSTOE CITY MITS?  1 YES 2 NO			
10e, STREET AND NUMBER  11. MARITAL STATUS  1   News Married   2   Mer	superi, B	rheuper	101. ZIP COOK	239	10g. CITIZEN OF	what country?			
11. MARITAL STATUS 1 Never Married 2 Mail 3 Widowed 4 Divorce	IF YES, GIVE WAR OR D	2 NO If y	DECENDENT OF HISPAI is, specify Cuban, Mexico YES 2 NO Specif		or No— 14. RAC Blee Spec	E — American Indian, k, White, etc. ://y:			
15. DECEDI (Specify only hi Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle	NT'S EDUCATION thest grade completed) Coffege (1-4 or 6+)	16a. DECEDENT'S USUAL OCCI (Give kind of work done duri life. Do NOT use retired.)	IPATION ng most of working	16b. KIND OF BUS	Empl	age			
	a, Last) - The de	ENGINEER	18. MOTHER'S NA	AME (First, Middle, Maiden :	Surname)	d			
10a INFORMANT'S NAME (Types	Men Diane	19b. MAILING ADDRESS (S	treet and Number or Rural	Route Number, City or Town	, State, Zip Code)				
### METHOD OF DISPOSITION ### Burlet 2   Cremation ### Donation 5   Other (Sc	3 Ramoval from Stata of	b. PLACE AND DATE OF DISPOS cemetary, crematory or other place	TION (Name MT	DATE 20c. LOC	Dred ation - city or T	own, State			
21. SIGNATURE OF FUNERAL S		1.1	ME AND ADDRESS OF FA	Slack	Funera				
23. PART I. Enter the dise	ases, or complications that cause t failure. List only one cause on	d the death. Do not enter th			0 .	Approximate Interval Between			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Advana DUE TO (OR AS	COST ANGE	um 5	Deria		Onset end Deatl			
Sequentisily list condition if sny, leading to immedia cause, Enter UNDERLYING	Sequentially list conditions, If any, leading to immediate								
	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant	conditions contributing to death	out not resulting in the unde	rlying cause given in	Part I. 24a, WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
3//2	Fx Lift His	welder -	ostarjin	_		OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO REXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		_ OTHER:	28. PLACE OF DEATH (C						
III TANKUMI O PO		INJURY	Bc. INJURY AT WORK?	26d. DEŞCRIBE HOW II	VUURY OCCURED				
a Callette	2 Accident investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28. PLACE OF INJURY — At home, farm, street, factory, office City or Team, State)								
Crieck orny	(INO PHYSICIAN: To the best of my kno					(s) and menner as stated,			
296. SIONATURE AND TITLE O	LO Lucjia	ERTIFIER :			29d. DATE SIGNE	DATE SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print)			<del>- √</del>				
APR 15 199	2 Juna Daydon-1	andie.							



1 in the field of 12 is

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S HAME (First	t, Middle, Last)				1000				2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
SHEILA		D	•			TER	RY		04	0.		992	8:19
4. SOCIAL SECURITY HUME		5. SEX	6. AGE (In yrs. 32		IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	7. DATE (Month	Dey. Year) 18/19	50	8. BIR Cou	THPLACE (State or For
213-92-0943 1 L M 2 M F 32  • Pa. FACILITY HAME (If not institution, give street and number)				1110.	Dh. CITY	TOWN O	D I OCAT	ION OF DE		10/13	_	NTY OF	MD.
26 S.EXETER	R STREE	T			BALT				-AIN		9e. C00	WIT OF	DEATH
10a. STATE	10b. COUNTY				Y, TOWN D	R LOCAT	TON						10d. INSIDE CITY
Md.					Bal	timo	ore (	City					LIMITS?
10e. STREET AND NUMBER						101.	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
2910 Garr	rison B							216_				US	
11. MAHITAL STATUS	Married		YES 2		H	yes, spe	ecity Cubi	n, Mexica	n, Puerto R	? (Specify Y	es or No	14. RAI Bia	CE — American India ock, White, etc.
3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES		1	YES	2 XHO	Specify	r.			Spe	USA
15. DEC (Specify only	EDENT'S EDUC	CATION completed)		DECEDENT'S (Give kind of a	work done d	CUPATIO	OH et of worki	200	16b.	KIHD OF BI	JSIHESS/IHO	DUSTRY	ODE
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AT PATHENIA					Un	emp]	Loye						
17. FATHER'S HAME (First, M		1.3								fiddle, Maide	n Sumame)		
Wilbert A		Las		tols Man me	4000=00	/Da			Perr	-			
		1-		19b. MAJLING									C 3-15 3
Mrs. Mary	ION		20h PLAC					va.	Balt				6 Apt5-A
1  Buriel 2 ☐ Crematio	on 3 🗆 Remo	wel from State		prematory or o	r other place)								
Mt. Zion Cemeterey   Balto Bounty								icy /i w					
H. SEMATURE OF FUHERA	L SERVICE LIC	EHSEE 4	0				ID ADDRE	SS OF FA	CILITY				
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21 PART L Enter the dishock, or he immediate CAUSE (Find disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injuthat initiated events resulting in death) LAS:  PART II. Other algnifical Chronic (Chr	ions, diate distributed of the conditions of the	omplications the list only one cest of the list only one cest of the list only one cest of the list only one cest of the list only one to the list of	In the caused the cause on each life in the cause on each life in the cause on each life in the cause on each life in the cause on each life in the cause of the	death. Do rene.	22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22. No	derlying  28. PLJ: ing Home 28c. INJU iny, office at	ACE OF O	Rus: Nor- ing, suci	Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.	24a. WAS A A PERFO	N AUTOPSY PRIMED?  2 NO  6 S.E.  INJURY OCC  and Number is state  1 V  anner as state	24  XETI CUREO or Purel or Autod.	Approximatinterval Be Onset and Onse
21. PART. Enter the dishock, or he immediate CAUSE (Find disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the condition of	pheases, or cent failure. It is a second to the second to	omplications the list only one cell one to the list only one cell out to the list one of the list one of the list one of the list on the best of a list on the best of a list on the best of a list on the best of a list on the best of a list on the best of a list on the list on the list on the list on the list on the list on the list on the list on the list on the list on the list on the list on the list on the list on the list on the list on the list of a list on the lis	In the caused the cause on each life in the cause on each life in the cause on each life in the cause on each life in the cause on each life in the cause of the	death. Do rene.	22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22. No	derlying  28. PLJ: ing Home 28c. INJU iny, office at	ACE OF O	Rus: Nor- ing, suci	Part i.  Part i.  Control one  Control	24a. WAS A A PERFO	N AUTOPSY PRIMED?  2 NO  6 S.E.  INJURY OCC  2 NO  1 L V.  Inner as state and due to the	24  XETI CURED  or Furniture  of Md	Approximatinterval Be Onset and Onse
21. PART. Enter the dishock, or he immediate CAUSE (Find disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the condition of	pheases, or cert failure. It is a series of cert failure. It i	omplications the lat only one cet of the late of a contributing to culonepency Vi  HOSPITAL:  1 Inpetient 2 2  28a. DATE OF (Month, b. 4/3/9)  28a. PLACE Of building, Apart	In the caused the cause on each life in the cause on each life in the cause on each life in the cause on each life in the cause on each life in the cause of the	death. Do rene.  A TOXI  BEOUENCE OF  BEOUENCE OF  Tresulting if  A Hu  Control  B S Hu  Control  Cont	22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22 not enter to 22. No Jo 22. No	derlying  28. PLJ: ing Home 28c. INJU iny, office at	ACE OF O	Rus: Nor- ing, such given in  EATH (Che asidence	Part i.  Part i.  Experiment of the country one of the country one of the country one of the country of the cou	24a. WAS A A PERFO	N AUTOPSY PRIMED?  2 NO  NO S.E.  INJURY OCH  and Number  2 2 Step och  and due to th	24  XETI CURED  or Parallel  of Augusta	Approximatinterval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset Onse

	FOR 1 • STATE REGISTRAR	STATE OF MARY		IMENT OF H		MENTAL HYGIEN REG. NO	E	2 10436	
	1. DECEDENT'S NAME (First, Middle, Last)				M THE IT			3. TIME OF OEATH	
	LEONA M.					-//	4 9	12 8:30 PM	
	4. SOCIAL SECURITY NUMBER  212-07-6567  9a. FACILITY NAME (If not institution, give	1 D M 2 X F 88		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1903	BIRTHPLACE (State or Foreign Country)  MARYLAND  Y OF DEATH	
TOR	JENKINS MEMOR		9c. COON1	Y OF DEATH					
DIRECTOR	MARYLAND 106. COUNT	, town or locat FIMORE	U						
FUNERAL	10e. STREET AND NUMBER	101	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
N.	919 JOH AVENUE  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED			140 1400 050	21229			U.S.A.	
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yee, sp		NIC ORIGIN? (Specify Year, Puarto Rican, atc.)	or No	4. RACE — American Indian, Black, While, etc. Specify: WHITE	
	15. DECEDENT'S EDI (Specify only highest great		16a. DECEDENT'S L	ork done during mo	ON ast of working	16b. KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementery/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)	HOMEMA						
BE CO	JOHN V. ADAMS  199. INFORMANT'S NAME (Type/Print)				LAURA	ME (First, Middle, Maiden A HARVEY			
10	GLADYS KELLY		1136	6 REGINA	A DRIVE-	Route Number, City or Town altimore,	md. 2	1227	
	20e. METHOD OF DISPOSITION  1 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State								
ATION	HUBBARD FUNERAL HOME INC.  4107 WILKENS AVENUE—BALTIMORE. MD. 21229  23. PART I. Enter the diseases, or complications that changed the death. Do not enter the mode of dying, such as cardiec or respiratory errest, interval Between Onset snd Des diseases or condition resulting in death)  • September 100 on as a consequence of:								
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other significant condition	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
ZIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF OEATH (C)	neck only one)			
YSIC	1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	tpatient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)			
BY PH	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		URY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	JREO	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, st ec/ly)	treet, factory, offic	20	281. LOCATION (Street City or Town, State	and Number o	r Rural Route Number,	
COMPLETED	(Critical Unity					time, date and place, a	nd due to the	d. cause(e) and manner se stated. SIGNED (Month, Day, Year)	
TO BE CO	Lawrence KS	HO COMPLETED CAUSE OF D	DEATH UTEM 27) (Type,	rolling Print)	D01	786	14	-15-92	
	LAURENCE R. GA	LLAGER, M.	D STHEN	UBS HE	DETRI	UILKENS+V	rinett	TS, PALTO	
	APR 15 1992	Be pegistan's sig	-Manacac						



10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 3NO

hite

9c. COUNTY OF DEATH

Batter

SU

10g. CITIZEN OF WHAT COUNTRY?

Neise 4. SOCIAL SECURITY NUMBER 184-44-6370 1, 2, 3 should 9a. FACILITY NAME (If not institution. 96. CITY, TOWN OR LOCATION OF DEATH Johns Hopkins FUNERAL DIRECTOR Balto RESIDENCE OF DECEDENT Pages 1 10e. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION thorpe permit. 10e, STREET AND NUMBER 101. ZIP CODE 912 North Street 18229 BALTIMORE, MARYLAND 21215-0020 ter death. Page 6 may be retained by the hospital no attending physician. the funeral director, page 5 should be detached for use, as the burial-transit 12. WAS DECEDENT EVER IN U.\$ ARMED FORCES? 1 X YES DNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 X YES 1 Never Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) ВУ 3 Widowed 4 Divorced 1 - YES 2 00 Specify Viet Nam COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) ege (1-4 or 5+) 12 yr's Staff Sat be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname Ellsworth Weiss BE Virginia 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Maureen Weiss Same as #10 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE Immaculate Conception 4/17/92 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul examiner 22. NAME AND ADDRESS OF FACILITY Hartsock, Jr. ours after death. Leonard J. Ruck, Inc. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, in by shock, or heert fellure. List only one cause on each line. filled IMMEDIATE CAUSE (Finel the disesse or condition resulting in death) been signed by the attending physician and completely it, of Health and Mental Hygiene prior to burial, crematic Myelosenous hronic requires that the death certificate be executed within event. RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Ver Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 0 Injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL shows any Rena charling. PHYSICIAN: . OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept. DIVISION OF VITAL 23 25. WAS CASE REFERRED TO MEDICAL Hem **EXAMINER?** HOSPITAL: 1 YES 2 NO 10 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH wher this ce eath with the marked, 28b. TIME OF 28c. INJURY AT WORK? 1 Netural 5 Pending 1 YES 2 NO BY 1137 Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify) 3 Suicide 100 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 28 4 Homicide Hem 29a, CERTIFIER FUNERAL I HOSPITAL IMPORTANT: If

U.S. Air Force Huber 28c. LOCATION - City or Town, State Jim Thorpe, Pa. Baltimore, MD 21214 5305 Harford Rd. Approximate Interval Between Onset and Death 6 mas

COMPLETION DF CAUSE OF DEATH? YES 2 NO 1 TES 2 HO 28. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 8 □ Residence 6 □ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

24s. WAS AN AUTOPSY

PERFORMED?

ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner as stated.

OOL GLOWER AND THE OF GROWING			
296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
	A STATE OF THE PARTY OF THE PAR	- The second of the second of	ANG. DATE STORED (MUNIT, Day, 1981)
has said	(m)	A = 1 = 1	h 11/1/20
hallah make	1 1 1 1	1 17 2 7 , / 7/ .	
		111744 30	4/14/9/

30. NAME AND ADDRESS/OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Icseph m W

600	N	wolfe	5+	Balto	NI) JISC

APR 15 1992 una Davidson-Randell 14 9

BE

2

五五百 299 5WK

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

10000 00

ages of the same

TO THE MOSPITAL, OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE ELINEDAL DISCORDS After this carrillogae has been alread for the attending absolute above the second for the s	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGIEI		2 10438
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	MARY C WEST	Last Last	100		da	04 1		92 3:00 a.m.
	4. SOCIAL SECURITY NUMBER	Control of the contro	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	199-14-0833	11 10 1911						Maryland
~	9a. FACILITY NAME (If not institution, give a	,			OR LOCATION OF D		9c, COUNTY	OF DEATH
DIRECTOR	THE JOHNS HOPKIN	IS HOSPITAL		BALTI	MORE CIT	Υ	BALT	IMORE
EC	10s. STATE 10b. COUNTY	Y	10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY
5	Maryland		B:	altimo	ro			LIMITS?
AL	10e. STREET AND NUMBER				of ZIP CODE		10g. CITIZER	N OF WHAT COUNTRY?
FUNERAL	615 S. Robinso	n St.			21224		U.S	.A.
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES				NIC ORIGIN? (Specify Young, Puerto Rican, etc.)	es or No- 14	. RACE — American Indian, Black, White, atc.
BY	3)⊠\Widowed 4 □ Divorced	IF YES, GIVE WAR OR			S 2 NO Speci		1	Specify:
	15. DECEDENT'S EDU		16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BI	USINESS/INDUS	White
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo	ork done during n	ost of working		00111200711000	
4	_12 years		Housew	fe				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Sumame)	
BE	Levi Cliffor	d Hahn			Este	lla Cath	erine	Stambauch
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To		
	Nanette Stone		3920 F			timore M	D 212	2/
	20a. METHOD OF DISPOSITION  1) Burlet 2 Cremation 3 Rem	oval from State 20	b. PLACE AND DATE OF	er place)	lama of	DATE 20c. L	OCATION — City	y or Town, State
	4 Donation 6 Other (Specify)	CENSEE	Jak Lawn	Cemet	ery 4/	18/92 B	altimo	ore Co.
	Catherine		1 -	700	C C - I	Lilly	& Ze:	iler,Inc.FH
_								MD 21224
		complications that cous List only one couse on	ed the death. Do no each line.	t enter the m	ode of dying, aud	ch as cardiec or resp	piratory arreat	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	GI B	LPED					Onset and Daath
	resulting in death)		A CONSEQUENCE OF	:				10
z		. PULMO	NARY E	MBOL	ISH			2 wks
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)					
2	cause. Enter UNDERLYING CAUSE (Disease or injury		PIC ULI					2 wks.
빌	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	:				
CERTIFICATION		d						
	PART II. Other algorificant condition	a contributing to deeth	but not resulting in	the underlyi	ng ceuse given in	0.000.0	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
일	PENAL FAILL	PE				1 Tes	2 NO	COMPLETION DF CAUSE DF DEATH?
ME	GRANULOHA-	rous lu	NG DIS	EASE				1 TES 2 NO
ÿ								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	LACE OF DEATH (C/	neck only one)		
IXS	1 TYES 2 NO	1 X Inpatient 2 - ER/Ou	tpatient 3 DOA	□ Nursing Ho		8 Other (Specify)		
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	RED
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUS	IY — At home, farm, st	-	YES 2 NO	281. LOCATION (Street	and Number of	Overal Charles Name has
밀	4 Homicide 6 Could not be	building, atc. (Sp	ecify)		••	City or Town, State	e)	noral noote number,
9	29a. CERTIFIER , CERTIFYING PHYSI	ICIAN: To the best of my kno			21.3 V.			
COMPLETED								ause(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE							
BE	Kalcure A	Armsta	re Ms		29c. LICENSE NU	MOER	DATE S	IGNED (Month, Day, Year)
2	36. NAME AND ADDRESS OF PERSON WH			Print)			1 7	
	KATZINA AR				FE ST	- BALT	OM	D 21210
	31. DATE FILED (Month, Day, Year)	P. REGISTBAR'S SIG						
	APR 15 1992	Julia Davidson	- Mandell					
1		3/						DHMH-16 Pay 1/80

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND DEATH	MENTAL HYGIE REG. N		7 2	104		
	1. DECEDENT'S NAME (First, Middle, Las	ATSON				2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEAT		
	4. SOCIAL SECURITY NUMBER  241-64-5502  90. FACILITY NAME (If not Institution, give	1 1 1 2 = F	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year)	-1899	8. BIRTHPL Country)	ACE (State or F		
CTOR	LIBERTY MEDICAL	CENTER			IMORE	DEATH	Sc. COUN	IT OF DEAL	н		
DIRE	MD 106, STATE 106, COUN	тү	BALTI MORE					10d. I.I.			
FUNERAL	3314 PIEDMONT A	VENUE		10	21216				T COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 ☐ YES 2 ☑ NO Specify			en, Puerto Ricen, etc.)	os or No-	Black, W Specify:	American Ind hite, atc.		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 9th	UCATION de completed) College (1-4 or 6+)	18e. DECEDENT'S (Give kind of life. Do NOT un DISAB		ON ost of working	16b. KIND OF BU	USINESS/INDU		DLACK		
BE CON	17. FATHER'S NAME (First, Middle, Last) GILBERT WATSON										
T0	190. INFORMANT'S NAME (Type/Print) RETHA HILL  200. METHOD OF DISPOSITION		3314	PIEDMON	T AVE./B	ALTIMORE,	wn, State, Zip C MD 212	216			
	200 METHOD OF DISPOSITION    Suriel 2   Cremetion 3   Rei 4   Donation 6   Other (Specify)  21. SIGNATURE OF FUNE MAIL. SERVICE L	S S	PLACE AND DATE ( etery, cremetory or o  T. LUKES	BAPT. (	CHURCH C	EM. LI	TTLETO				
	Kimete	to K. Jo.	não	WM.C.M	MARCH F.	H./1101 E.			IUE		
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Sepsi	I the deeth. Do rech line.		de of dying, suc	ch as cardiec or resp	piratory srre	et,	Approxin interval E Onset sn		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  CLYNCHICAL CONSEQUENCE OF:  CLYNCHICAL CONSEQUENCE OF:  CLYNCHICAL CONSEQUENCE OF:  CLYNCHICAL CONSEQUENCE OF:  CLYNCHICAL CONSEQUENCE OF:  CLYNCHICAL CONSEQUENCE OF:										
AL CEI	PART II. Other significent condition	ns contributing to death by		-		Part I. 24a. WAS AN	I ALITONOO				
MEDIC					g course given in	PERFO	RMED?	AMA COI OF	RE AUTOPSY F ILABLE PRIOR MPLETION DF DEATH?  YES 2		
SICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpi		OTHER:	ACE OF OEATH (Ch			-			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b, TIMI	E OF 28c. INJ URY WO		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	REO			
	3 Sutcide 6 Could not be 4 Homicide determined	26e, PLACE OF INJURY building, etc. (Speci	— At home, ferm, a	treet, fectory, office		281. LOCATION (Street City or Town, Stete)	end Number or	Rural Route	Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the best of my knowle ER: On the basis of examination	end/or investigation	d at the time, date	end piece, end due	to the ceuse(s) end me	nner ee atated	cause(s) and	l menner es		
H H	296. SIGNATURE AND TITLE OF CERTIFIE  SULLY S. M.	yhan			D40	956	29d. DATE S	159	Unth, Day, Year,		
	30. NAME AND ADDRESS OF PERSON WING CATAGO MIRCH GATAGO MIRCO 31. DATE FILED (MONTH), Day, Year)	Horl	LIBERT	M-	CHMITER						
	APR 15 19	32. REGISTRAR'S SIGNA	TURE POPUL	86.							

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

DHMH-16 Rev 1/89

4 8 12 115 11 NOCHER KITIG 1223 42 11-7 1 1 1- 2-01 the hard hard hard to

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should write be begt, of Health and Mental Hyghene prior to burial, cremation, or removal.  It is a state begt, or Health and Mental Hyghene prior to burial, cremation, or removal. The medical examinar must be notified at once.	THE STATE OF
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the he TO THE FUNEPAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detace a filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  MPDRIAMT: If them 28 is marked, or fillem 23 shows any Injury, or other traumatic event, the medical examinar must be notified at ence	200

-	92-2080-005							92	10441	N
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DAY	YEAR	3. TIME OF DEATH	
	SHAWN	М.		WILLIA		04		992		PM
	4. SOCIAL SECURITY NUMBER 213-11-0400	5. SEX 6. AGE (In yrs. lest bit		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	20,1985	6. BIRTHP	ryland	ign
	9e. FACILITY NAME (If not institution, give str		,	9b. CITY, TOWN (	OR LOCATION OF D			UNTY OF DE		
5 R	FRANKLIN SQUARE HOSPITAL ROSSVILLE BALTIMORE									
DIRECTOR	100. STATE Md. 10b. COUNTY	Altimore	10c. CITY	MICA	Le River			- 1	10d. INSIDE CITY LIMITS?	10
FUNERAL	100. STREET AND NUMBER 2232 Redthorn	Road		10	ZIP CODE	20	10g. C	TIZEN OF WI	HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	NO NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxics NO Specif	NIC ORIGIN? (S			- American Indien, White, stc.	•
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION ork done during more retired.)	ON ast of working	16b. KIN	D OF BUSINESS/I	NDUSTRY		
OMPI	17. FATHER'S NAME (First, Middle, Last)		Stu	dent	40 MOTHER'S NA	ME (Fire March	s, Maiden Surname			
BE C	Klaus Yarwo	rth			The	eresa V	Villiams			
2	190. INFORMANT'S NAME (Type/Print) Theresa Willia	ms			ond Number or Rural Cn Road 1				21220	
	20a: METHOD OF DISPOSITION  1) Burlel 2 Cremellon 3 Remo 4 Donation 8 Other (Specify)		PLACE AND DATE OF		ATION — City or Town, State timore Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1		address of fa		300MV	07110	21221	
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  d									
PHYSICIAN: MEDICAL	PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN A PERFORM								WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 NO	USE
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PI	ACE OF DEATH (Ch	neck only one)				
SIK	1 N YES 2 □ NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outp	etlent 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	8 Other (Sp.	ecify)			
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI		URY AT	28d. DESCRIE	BE HOW INJURY O	CCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	04/13/1992		M 1 🗆	YES 2 X NO	SUBJE	CT DROW	NED		
	Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	ify)				81. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) BALTIMORE COUNTY, MARYLAND			
COMPLETED		IAN: To the best of my know				to the ceuse(e	and mariner ee s	tated,		
E	290 SHIRATURE AND THE OF CERTIFIED	201			29s, LICENSE NU				Month, Diss. War)	_
0	Net	LAN TO			O.C.M.	E.	200	4/14/		
10	FRANK J.	COMPLETED CAUSE OF DE	2111 E		EET BAL				1201	
	31. DATE FILED (Month, Day, Year) APR 15 1992	32 REGISTRAN'S SIGN Juna Davidson	-Handella						- <u>-</u>	

DHMH-16 Rev 1/89



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTEN	D THE FUNERAL DIRECTOR	e filed within 72 hours after	MPORTANT: If Item 28

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL	HYGIENE REG. NO.			10441
1. DECEDENT'S NAME (First, Middle, i and FRANKLIN S. WAL		٠			2.94.	OF DEATH DAY	1,199	2 3.1	ME OF DEATH P
4. SOCIAL SECURITY NUMBER 213-10-7507	1 M 2 F	76 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		25-191	5 6	Mary	land
St. Joseph Hos				r Location of Di			Balt		
	Maryland								. INSIDE CITY LIMITS?
4307 Sheldon A	venue		101	21206			10g. CITIZEN USA	OF WHAT	COUNTRY?
11. MARITAL STATUS  1XX Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED S 2 NO DATES	If yes, spe	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	en, Puerto R			Black, Wh	Mhite
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8th grade  16a. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working)  W. S. House of Foreman—Shipping Platform atives —Post 01  17. FATHER'S NAME (First, Middle, Last)								f Re	present- ce
	Francis S. Walker								
19a. INFORMANT'S NAME (Type/Print) Ruth Miller				Mestmins			State, Zip Cod	le)	
20a. METHOD OF DISPOSITION	is. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cametery, crematory or coffer place)  20c. LOCATION — City or coffer place)								
21. SIGNATURE OF FUNERAL SERVICE L	3/		Lassa	hn Funer Belair F	ral Ho	ome			
23. PART I. Enter the diseases, or ehock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one office on		t enter the mo	de of dyling, suc	ch es cerd	itec or respira	tory erreet,		Approximete Interval Betwee Onset end Dee
Sequentially liet conditions, if enry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF):							
PART II. Other eignificant condition	one contributing to death	but not resulting in	the Underlying	g cause given in	Part I.	24s. WAS AN A PERFORM	ED?	AMA COI OF	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINED	HOSPITAL:			ACE OF DEATH (CI	heck only on	•)			
1 PES 2 NO  27. MANNER OF DEATH	1 - Inpetient 2 - EN/O	utpatient 3 DOA 4		a 6 🗆 Rasidenca					
1 Natural 5 Pending	26s. DATE OF INJUR (Month, Day, Year		TY WO	URY AT PRK? YES 2 NO	28d. OEŞ	CRIBE HOW IN.	JURY OCCUR	ED	
2 Accident 3 Suicide 6 Could not be detarmined	26s. PLACE OF INJU	RY — At home, term, stripec/fy)	eet, factory, offic	•		ATION (Street and or Town, State)	d Number or F	lurel Floute	Number,
and the second s	SICIAN: To the best of my kn							nosm(s) mis	d manner as stated.
					and the second				
206. SIGNIFURNIFANO TITLE OF CENTIFI	Ox on	relle	al	DOB	MBEH 23		PAL DATE BH	orteo (Mg	P Z



## BALTIMORE, MARYLAND 21215-0020

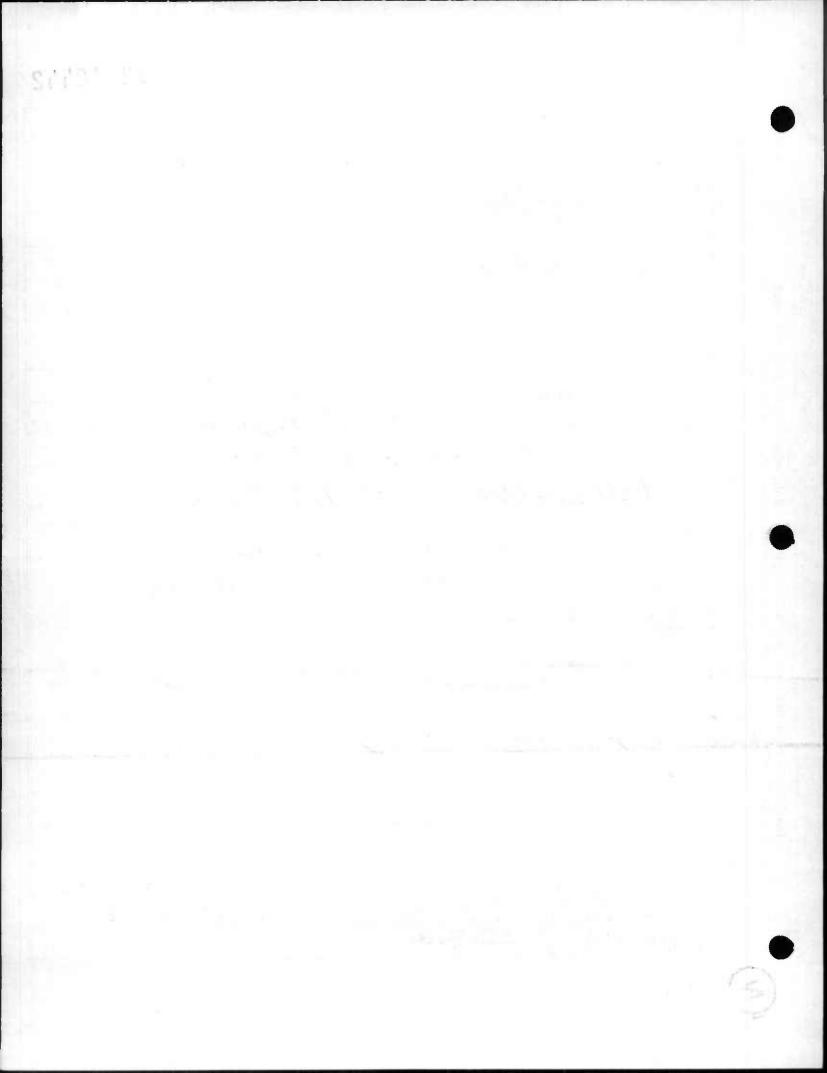
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	filer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should sath with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	
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	FOR	STATE OF MARYLA	ND / DEDADT	MENT OF	JEANTH AND	MENTAL HVON		32 10442		
	1 - STATE REGISTRAR	OINIE OF MINITEN		CATE OF		MENIAL HTGII				
	1. DECEDENT'S NAME (First, Middle, Legt)	- 1 1	<u></u>	/ 1	DEATH	2, DATE OF DEATH	Ю.	I a sus as as as		
1 8	TTETTE	F. (1) ASh	11107	nnl		MONTH		S. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER	5. SEX . 6. AGE (In	11091	010		4	11 9	12 111001		
	218-03-7977	1 - M 2 V F 8	yrs. lest birthday)	IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	10 "	BIRTHPLACE (State or Foreign Country)		
8	9a. FACILITY NAME (If not institution, give a	reet end number)		9b. CITY, TOWN	T LUA OF		9c. COUNT	Y OF DEATH		
1 K	RESIDENCE OF DECEDENT	PETT		Dal	111101	6				
DIRECTOR	10e. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
	10a. STREET AND NUMBER	1/07/	1	-01	1. ZIP CODE		10g. CITIZE	1 ▼ YES 2 □ NO N OF WHAT COUNTRY?		
FUNERAL	7/06 LIDENT	12. WAS DECEDENT EVER IN	LIVE U.S. ARMED	13 WMS DEC	2/20	NIC ORIGIN? (Specify	<u></u>	1.5.A		
BY FI	1 Never Married 2 Married 3 Mydowed 4 Divorced		2 NO	If yes, sp	ecity Cuban, Maxic	an, Puerto Rican, etc.)	THE OF NO.—	I. RACE — American Indian, Black, White, etc. Specify: Black		
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during me	ON ost of working	16b. KIND OF	BUSINESS/INDUS	STRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	INL DO NOT USE	reared.)						
	17. FATHER'S NAME (First, Middle, Last)	dson	-		18. MOTHER'S N	AME (First, Middle, Maid	en Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)	1301)	19b. MAILINO A	ADDRESS (Street a	and Number or Rural	Route Number, City or	own, State, Zip Co	500)		
	200, METHOD OF DISPOSITION	20b. F	4/06 PLACE AND DATE OF	LIDGE DISPOSITION IN	tes Hei	GATS HO	e <u>Ba</u> LOCATION - CIT	to Med 2/207		
	1 Burial 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)		or crematery or other	re No	at Cen	4-16-92	Balt	o, Md		
	IT. SIGNATURE OF PUREHAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF F	ICILITY Ja -+		,		
	· Tostiai	( Iran/		Marc	12 In. H	. West	1 1.			
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LC	PART II. Other significent condition	contributing to death but	not resulting in	the underlying	g cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
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AN										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. Pt	ACE OF DEATH (C/	eck only one)				
YS	1 TES 2 NO	1 Inpetient 2 ER/Outpet			e 5 🗆 Residence	8 Other (Specify)				
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BY	2 Accident Investigation	280 DI ACE OF IN HIE	At horse 4s		rES 2 NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify	) at nome, mm, str	eet, rectory, offic	•	281. LOCATION (Stree City or Town, Sta	R and Number or le)	Rural Route Number,		
COMPLET		CIAN: To the best of my knowled R: On the basis of examination of								
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) BE	296. SHONGTURE AND TITLE OF CENTIFIER	du	100		29c. LICENSE NU	MBER 2	29d. DATE S	IGNEO (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	-	rine) Pos	LO11 1	65.2+	> /	208		
	31. DATE FILED (Month, Day, 1940)	20. REGISTRAN'S SIGNAS			1-01	Jus	. 01			
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	Daisy B.W.							2. DATE	OF DEATH	3 92	AR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEY	6. A	GE (In yrs. lest birthday			R 24 HRS.	7 AATE	OF BIRTH	8.		PLACE (State or Foreign
	241-38-23		2 X X	70 YAS.		DAYS HOURS	MIN.		24-19			
r	9a. FACILITY NAME (If not institution, give street and number)  2512 Calverton Heights Ave.  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH											
2	RESIDENCE OF DECEDENT											
DIRECTOR	Raltimore City.										10d. INSIDE CITY LIMITS? 1 YES 2 NO	
- 14	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COL										HAT COUNTRY?	
LONERAL	2512 Calverton Heights Ave. 21216 U.S.A.											
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2	19a. INFORMANT'S NAME (Type/ Doris Maso					Street and Number						
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	1 🗗 Burial 2 🗌 Cremation 4 🗆 Donation 5 🗆 Other (Spi		n State	Maryland	Natl	. •			L	aurel	М	D.
	22. NAME AND ADDRESS OF FACILITY 1701Laurens ST. 21217											
	James A. Morto n7 Sons F.H.											21.717
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RTIFICATION	# ahock, or hear immediate cause (Final	a, b. C	DUE TO (OR		Cancer the Cancer the	ne mode of d	ying, suci	tos:	n7Son	S F.H	l,	Approximatinterval Bet
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31. DATE FILED (Month, Day, Year)
APR 15 1992

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	tache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR		CER	TIF	CATE OF	DEATH	1416.14 12	REG. NO	L		
	1. DECEDENT'S NAME (First, Middle, Last)					02/11/1	2. DAT	E OF DEATH			3. TIME OF DEATH
	MAtthe	ew (Matt)		W	INDSOR		MON		AY 7	YEAR 992	4 . 00 A. M
	4. SOCIAL SECURITY NUMBER	5. ŚEX 6.	AGE (In yrs. lest birt	hday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	PR.	<del>/  </del>		LACE (State or Foreign
	579-03-7515	3-75/5 1 AM 2 F 88 YRS. MONTHS DAYS HOURS MIN. (MORTH, Day, Year) MAY 20, ]							1903	Gountry)	SSIA
	9e. FACILITY NAME (If not institution, give	9b. CITY, TOWN	OR LOCATION OF D		7 207		NTY OF DE				
DIRECTOR	WASHINGTON ADVE	TAK	OMA PARK			-	MONTO	SOMERY			
اق	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT										
E	100.000	ONTGOMERY	10		SILVER					- 1	IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER										YES 2 NO
RA	8201 16th ST.				10	ZIP CODE 209	10		USA		IAT COUNTRY?
FUNERAL	11. MARITAL STATUS	Tes una accession									
	1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1	YES 2 ZNO		13. WAS DEC	ENDENT OF NISPA ecify Cuben, Mexic	NIC ORIG	IN? (Specify Yes Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			2 NO Speci				Specify.	
	15. DECEDENT'S EDU	CATION	10e. DECEDI	ENT'S	USUAL OCCUPATION	ON	10	b. KINO OF BU	INESS/INO	HICTOV	
<b>L</b>	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give ki	nd of w	ork done during mo retired.)	st of working				OSIRY	
AP.	12		CL	ASS	ICAL PI	ANIST		M	JSIC		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First,	Middle, Melden	Surneme)		
BE (	MORRIS WEINZOF	E					PES	SIE		UNI	KNOWN
10	19e. INFORMANT'S NAME (Type/Print)		19b. MA	ULING	ADDRESS (Street e	nd Number or Rural	Route Nur	nber, City or Tow	n, State, Zip	Code)	
-	ELLIOT WINDSOR		80.	22	WATERMI	LL CT.	ELKR	IDGE,	MD 2	1227	
	20a, METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Rem	ovel from State	20b. PLACE AND C	DATEO	F DISPOSITION (No	me of	OA	TE 20c. LO	CATION -	City or Town	1, State
	4 Donation 5 Other (Specify)		KING D			4/9	/92	F	ALLS	CHURC	CH, VA
	21. SIGNATURE OF FUNERAL SERVICE LIC					ID ADDRESS OF FA					
	Lucion	e steve	roon			LEVINSO					MD 21215
	23. PART i. Enter the diseases, or a	complications that co	oused the deeth.	Do no	ot enter the mo	de of dying, au	ch as cer	dlec or reepl	ratory arm	est.	Approximate
	shock, or heart fellure.  iMMEDIATE CAUSE (Final	List only one ceuse	On eech line.								Interval Between Onset and Death
	Marian Maria	CARDI	RADI	0 4	TODY	APPL	TO T				Onset and Death
	resolving in dealing	a. CARDIC DUE TO (OR	AS A CONSEQUEN	CE OF	: /	41-1-6	-5/				
z	Democratically that are pro-	a RENE	AL TA	11	URF						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate										
ें	CAUSE (Disease or injury	c. DIABE DUE TO (OR	TES								
Ē	that initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSEQUEN	CE OF							
崽儿		a CORONA	RY AT	27	E. P.Y	DISEA	SE				
1.0	PART ii. Other eignificant condition	e contributing to de-	eth but not recul	ting Ir	the Underlying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
DICAL								PERFOR		A	MAILABLE PRIOR TO OMPLETION OF CAUSE
							_	1   YES 2	M NO	0	F DEATH?
ا ج							_			,	YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	reck only o	ne)			
S	EXAMINER?	HOSPITAL:	VOutpetient 3 □ D		OTHER:	5 🗆 Residence					
È	27. MANNER OF DEATN	28e. DATE OF INJ	URY 28h	TIME	OF 20c. INJ	JRY AT		SCRIBE NOW IN	JURY OCC	URED	
84	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	ear)	INJU		RK? ES 2 NO		25.114/1-221-3			
	3 Suicide 8 Could not be	28e. PLACE OF IN building, etc.	JURY — At home, fr	erm, st	reet, fectory, office		28f. LOCATION (Street and Number or Rural Route Number,				te Number.
COMPLETED	4 Homicide determined	outung, etc.	(Specify)				City	or Town, State)			
ן ב	29e. CERTIFIER Check only	CIAN: To the best of my	knowledge, death or	COURTER	at the time date	and place, and due	to the or				
<b>E</b>	one) 2 MEDICAL EXAMINE	R: On the basis of exami	nation end/or invest	igation	, in my opinion, de	eath occured at the	time, date	end place, end	due to the	councie) e	nd manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			_						- 100	7 - 7 H - 19 7 7 7
H H	Tom O. Kannant	sat no.				D-200			29d. DATE	SIGNED (M	ionth, Day, Year)
2 ⊩	30. NAME AND AGORESS OF PERSON WHO	D COMPLETED CAUSE C	F OEATH (ITEM 27)	(Type 5	Print)					1/9	
	TONY P. KANNY		. ^	20	1 11	Bete	1/1/1	CO 10:	2101-	11	0 20910
-	31. DATE FILED (Month, Day, Year)	BEGISTBAR'S		OX U	1 16	3/ 3/	100	K SPK	ING	, IVI.	0 20910
	APR 15 1992	Julie Street	- Bull								

Leto 18.7 Julius France

_	Item 1, per M FOR 1. STATE REGISTRAR	STATE OF 1	4/20/9 WARYLAND	2 gn / Depai Certif	RTMENT	OF HEAL	TH AND	MENTAL HYGIEI	NE 92	2 1044	
	1. DECEDENT'S NAME (First, Middle, 1		UNG		lie G.			2. DATE OF DEATH MONTH  7. DATE OF BIRTH	- 9		
	264-05-3088  9s. FACILITY NAME (If not institution,	15 M 2 🗆 F	M 2 F 80 YRS. MONTHS DAYS HOURS MIN							B. BIRTHPLACE (State or Country)	
DIRECTOR	LIBERTY MEDICA	L CENTER				LTIMO		EATH	9c. COUNT	TY OF DEATH	
	10e. STATE 10b. CC	DUNTY		1	LTIMO	RE				10d. INSIDE CIT LIMITS? 1 X YES 2	
FUNERAL	700 BELGIAN AV						218		U.	S.A.	
æ	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		ARMED NO	Пy	es, specify (	NT OF HISPAI Cuban, Maxica NO Specif	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:	s or No—	4. RACE — American Inc Black, Whita, etc. Specify: BLACK	
LETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)					vorking	16b. KINO OF BU	ISINESS/INDU		
COMPL	17. FATHER'S NAME (First, Middle, Last	)				18, 1	MOTHER'S NA	ME (First, Middle, Maider	Surneme)		
TO BE	190. INFORMANT'S NAME (Type/Print) BESSIE YOUNG			700 B	AODRESS (S	N AVE	mber or Rural	Aoute Number, City or You I MORE . MD	vn, Stata, Zip C	Code)	
	BESSIE YOUNG  700 BELGIAN AVE./BALTIMORE, MD 21218  204, METHOD OF DISPOSITION WAShurfel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  206, PLACE AND DATE OF DISPOSITION (Name of GARRISON) OF OREST VA CEM.  OWINGS MIL									ty or Town, Stata	
	21. SIGNATURE OF FUNE AND ADDRESS OF FACILITY  WM.C.MARCH F.H./1101 E. NORTH AVENUE										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									at, Approxin interval I Onset ar	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONS			H	eart	failw	i		
S		tions contributing to	death but not	it not resulting in the undarlying cause given in Part i. 24					24a. WAS AN AUTOPSY 24b. WERE A		
N: MEDICAL	062 6	VA.		PERFORMEO?  1 YES 2 NO						AVAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2	
YSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 250 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		F OEATH (Che	6 Other (Specify)			
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigati	26e. DATE OF (Month, Di		26b. TIMI INJ	E OF 284 URY	WORK?	Т	26d. DESCRIBE HOW I	NJURY OCCU	RED	
0	ACCOUNT								and Number or	Rural Route Number,	
COMPLETE		HYSICIAN: To the best of wilner: On the basis of ex									
TO BE C	29b. SIGNATURE AND TITLE OF CERT	1 mill	SE OF DEATH (IT	EM 27) (Type,		7	D 41	LII O	29d. DATE S	SIGNEO (Month, Day, Year)	
	31. DATE FILED IMONIN, Day, Year)	ATY ME1	DI CITL	_ C	ENT G	R-	BAL	TIMERI	-	MD	
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAR 3 1 1992

minimed the forestal or attending physician.	perhaps to desprine or use as the burial-transit permi	notificate chee.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mour after death. Page 6 may be many be many be many be many be attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a though the certificate has been signed by the attending physician and Mental Hydiene prior to burial, cremation, or ramoval.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notificed event.

	RPREW (	CHASE AND	ERSON				2. DATE MONTH	RCH RCH	5 19	992	3, TIME OF D 5 1 30	P ,		
4. SOCIAL SECURITY NU 220-44-15		5. SEX	6. AGE (In yrs	s. lest birthday) YRS.	IF UNDER 1 YEAR		7. DATE	of BIRTH			NPLACE (State of Py) MD	Foreign		
ANNE ARUND					ANNAP	OLIS	21401			UNTY OF C	RUNDEL			
RESIDENCE OF D 10a. STATE MD	10b. COUNT	ARUNDEL			NNAPOL						JUMITS?	10d. INSIDE CITY LIMITS? 14 YES 2 NO		
00. STREET AND NUMB		RT				101. ZIP CODE 21401			10g. C/1		WHAT COUNTRY	7		
1. MARITAL STATUS Never Married 2 Widowed 4 0			NT EVER IN ILS I YES AA WAR OR DATES	L NO	If yes	DECENDENT OF NISPA , specify Cuban, Mexic YES 2 NO Spec	an, Puerto F	? (Specify Yea	or No-	14. RAC Blac Spec	E — American I ik, Whita, etc.			
16. Elementary/Secondar	DECEDENT'S EDI only highest gred by (0-12)	UCATION (e completed)  College (1-4 or 8		life. Do NOT us	vork done during se retired.)	ATION most of working		S NA				200111		
7. FATNER'S NAME (FIGS GEORG	t, Middle, Last) E CORPI	REW				18. MOTHER'S N			Surname)					
RAMSEY R.		N SR			BOXWO	OD RD. A	PT.10	oer, City or Row 1 ANN		(D • 2	1403			
CONTRETNOD OF DISPO		moval from State	20b. PL BR#	ACE AND DATE	OF DISPOSIT	ETERY 3-28	8-92				own, Stata A.A.MD			
CHARLE					22. NAM	E AND ADDRESS OF F	ACILITY	ANN	APOI	IS.	MD. 21.	401		
	- TI - TI	LCKS 111			HOU	SE OF HICH	KS FU	NERAL	HOME					
shock, o IMMEDIATE CAUSE ( disease or condition	n diseasea, or r haart fellure (Finel	complications the List only one ca	use on aech		not enter the					192	2 FORE	ST D		
shock, o IMMEDIATE CAUSE ( disease or condition reaulting in death)  Sequentially list con if any, leading to Im cause. Enter UNDER CAUSE (Disease or I that initiated events	a disesse, or r heart fellure (Finel	B. DUE TO	PO (OR AS A CO	NEUMON	TA  F):					192	2 FORE	ST D		
shock, o IMMEDIATE CAUSE ( disease or condition reauiting in death)  Sequentially list con if any, leading to Im- cause. Enter UNDER CAUSE (Disease or I that initiated events reauiting in death) L	a disesse, or r heart fellure (Finel	B. DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	PO (OR AS A COO) (OR AS A COO) (OR AS A COO)	NEUMON INSEQUENCE O INSEQUENCE O	TA  F):  F):	mode of dying, au	och ae card		AUTOPS	E 192	2 FORE	In at a second part of the secon		
shock, o IMMEDIATE CAUSE ( disease or condition resulting in death)  Sequentially list con if any, leading to Im cause. Enter UNDER CAUSE (Disease or I the initiated events resulting in death) L  PART II. Other signif	a disease, or r heart fellure (Finel )  additione, medieta RLYING injury  AST	a. DUE TO  C. DUE TO  d	PO (OR AS A COO) (OR AS A COO) (OR AS A COO)	NEUMON INSEQUENCE O INSEQUENCE O	not enter the	mode of dying, au	n Part I.	24a. WAS APPERFO	AUTOPS	E 192	Approvinterva Onset  1  6. WERE AUTOPP ANALABLE PR ACOMPLETION OF DEATH?	In at a second part of the secon		
IMMEDIATE CAUSE (disease or condition reaulting in death)  Sequentially flat con if any, leading to Imcause. Enter UNDER CAUSE (Disease or that initiated events reaulting in death) L  PART II. Other aignif	a diseasea, or r haart fellure (Finel ————————————————————————————————————	DUE TO  DUE TO	PO (OR AS A COO) O (OR AS A COO) O death but a	NEUMON: NSEQUENCE O INSEQUENCE	Phot enter the	mode of dying, au	n Part I,	24a. WAS APPERFO	N AUTOPSY RMED?	Y 24	Approvinterva Onset  1  6. WERE AUTOPP ANALABLE PR ACOMPLETION OF DEATH?	In at a second part of the secon		
shock, o IMMEDIATE CAUSE of disease or condition resulting in death)  Sequentially list con if any, leading to Imcause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L  PART II. Other signif	a disease, or r haart fellure (Finel )  additione, medieta RLYING injury  AST  ficant conditions to medieta RLYING injury	b. DUE TO  d. DOE TO  DOE TO	PO (OR AS A COO)	NEUMON: NSEQUENCE O INSEQUENCE	TA  F):  F):  In the under  OTHER: 4   Nursing   IEOF   28c	iying cause given i	n Part I,  Check only or  28d. DE:	24a. WAS APPERFO 1 TYES 10 YES 11 Specify) 12 SCRIBE HOW	N AUTOPSY RMEO? NO INJURY O and Numb	Y 24	Approvinterva Onset  1  6. WERE AUTOPP ANALABLE PR ACOMPLETION OF DEATH?	Imate I Betwee and Dea WEEK WEEK		
shock, o iMMEDIATE CAUSE ( disease or condition resulting in death)  Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or i that initiated events resulting in death) L  PART II, Other algnif  25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN  ANNER OF DEATN  27. MANNER OF DEATN  28. Natural 29. Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only	a diseasea, or r haart feilure (Finel )  additione, medieta RLYING injury AST  Ticant condition  D TO MEDICAL  Pending investigation  Could not be determined	B. DUE TO  DUE	PO (OR AS A COOO	NEUMON INSEQUENCE O INSEQUENCE	TA  F):  F):  In the underly the time, factory, and at the time, and at the time, and and at the time, and a	iying cause given i	n Part I.  Check only or  8  Other  28d. DE:  28f. LOC City	24a. WAS AN PERFO 1 VES  1 VES  10 SCRIBE HOW  CATION (Street or Town, Stele	N AUTOPS' RMED? NO INJURY O	Y 24	Approvinterval Onset 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Imate I Between Des WEEK		

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21203-3146

BALTIMORE, MARYLAND TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within carpounts after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neutried at

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF					IENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) KAThlew R	Adels Parge						2. DATE OF DEATH	DAY B	14 T A T	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-18-0653		r yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 / 22 / 22		Country)	ace (State or Foreign
	9a. FACILITY NAME (If not institution, give at			9b. CITY	, TOWN O	R LOCATIO	ON OF DEA		9c. COU	NTY OF DEA	
OR O	Howard Co. Gener	ral Hospital		(	Colu	mbia				Howa	rd
EC	10a, STATE 10b, COUNTY		10c, CIT	Y, TOWN C	OR LOCAT	ION				1	Od. INSIDE CITY
0		vard		Co	olum						YES 2 NO
RA	100. STREET AND NUMBER 5430 Old Waterlo	na Raad			101	ZIP CODI			10g. CIT	USA	AT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN						C ORIGIN? (Specify Y	ea or No-		- American Indian, White, etc.
B	1 Never Married 2 Married 3 Married 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 UNO			2 NO		, Puerto Rican, atc.)		Specify:	vite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of life. Do NOT u	work done -	CCUPATIO during mo	N at of workin	g	16b. KIND OF B	USINESS/IN		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bende		orp.						
O	17. FATHER'S NAME (First, Middle, Last)	l.						IE (First, Middle, Maide	n Surname)		
BE	Luie McDade			I III				Foreman			
2	190. INFORMANT'S NAME (Type/Print)  Margaret R. Phil	lips						oute Number, City or The Finks burg			148
	20e. METHOD OF DISPOSITION 1 V Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	auni dansa Ctata	PLACE OF DISPO other place) eadowrice							ge, Mo	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22.	NAME A	ID ADDRE	SS OF FAC	1182	4 Re	ister	stown Rd.
	E. Brian	- Vouel	1	_	_						Md.21136
	23. PART I. Enter the diseases, or can shock, or heart fallure.	complications that caused List only one cause on e		not enter	r the mo	da of dy	ing, such	as cerdiac or rea	piratory as	rreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Preur	nonia								5 days
	resulting in death)	DUE TO (OR AS A		OF):							100
NO.	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR AS A	CONSEQUENCE O	OF):							
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	OF):							
	DART II Other elevisions condition	d.		la sha w			ata da la I	nest Les mas			
CAL	Abdominal perfe	pration, cop	_	in the U	nderiyin	g cause	given in i	PERF	ORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Travinital PELL	A OT TOTAL						1 YES	2 IX NO		OF DEATH?
Z											
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:			ck only one)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TI	ME OF	28c. IN.	URY AT	esidence	8 Other (Specify) 28d. DESCRIBE HOV	V INJURY O	CCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M	1 🗆	YES 2 [	□ NO				
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, fec	ctory, offic	•		281. LOCATION (Stree City or Town, Sta		er or Rural Ro	ute Number,
COMPLET	const.	ICIAN: To the best of my know									
CO	2 MEDICAL EXAMINE	ER: On the basis of axamination	n and/or investigat	ton, in my	opinion,				_		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	CM _				29c. LIC	HIGH HUM	13	29d. DA	3 9	
-	Steven Gella	er M.D. 9	501 (	- 1 1	Ann	apolis	R	1113 6	Tto	Cary	21042 MD
	31. DATE FILED (Month, Day, Year)  APR 7 *92	32. REGISTRAR'S SIGN		L		1					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	200
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permit. Pages 1, 2, 3 should

the burial-transit

use as t

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page 5

funeral director,

attending physician and completely filled in by the mai Hygiene prior to burial, cremation, or removal.

this certificate has been signed by the attending physician at with the State Dept. of Health and Mental Hygiene prior to

DIRECTOR: After

hours

FUNERAL WITHIN 72 h

異性層 28

cremation, or

all or attending physician.

21215-0020

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Harola macos A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fo DAYS HOURS 217-18-7907 1 X M 2 | F YRS. MD 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Westminster Nursing & Conv. Cn Westminster Carroll RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Carroll Westminster 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Bennett Avenue 21157 S. U 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 A YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) 11 carpenter building/construction notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) S. Edgar Armacost BE Mary Virginia Schaefer 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. 391/2 Doris Armacost Bennett Avenue. Westminster, MD 21157 ě 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Hust Buriel 2 Cremation 3 Ram Connectory or other placed ible Church 4 Donation 8 Other (Specify) Uniontown, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Robert K. Pritts, Washington Rd., Westminster, Sr. 412 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 23 shows any injury. PHYSICIAN: MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 AND 1 YES 2 NO 25. WAS CASE REFERRED TO-MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL: 1 YES 2 710 1 | Inpatient 2 | ER/Outpatient 3 | DOA irsing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c, INJURY AT after death with the 28 is marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, larm, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 🗌 Homicide IMPORTANT: If item CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 2 PORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SE 31. DATE FILEO (Month, Pay 102 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 . . 

3. TIME OF DEATH

10:40 6. BIRTHPLACE (State or Foreign Country) WASHINGTON.

Approximata Interval Between **Onset and Death** 30 men

24b. WERE AUTOPSY FINDINGS

A M

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

ANTHONY E. ARCH, JR.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	220-26-4876	SEM	1 X M 2 F	6. AGE	(in yrs. lest 7	YRS.	MONTHS	DAYS	HOURS	MIN.	1 (Month	28-24		Country)	LACE (State or Foreign
	9e, FACILITY NAME (If not is	and the state of the state of		U	/	THS.						20 24			NGTON. DC
e	VA MEDICAL			CIADD				ry, town o			AIN			TY OF DEA	
읝	RESIDENCE OF DE		roki no	WARD			FOI	(1 110	WAILU				DIMI	LIIOK	
DIRECTOR	MARYLAND	PRINC	y E GEORGE	S			y, town DORI	OR LOCAT	TION						IOd. INSIDE CITY LIMITS?  YES 2 NO
AL.	10e. STREET AND NUMBER					-		101	. ZIP COD	E			10g. CITIZ	ZEN OF WH	AT COUNTRY?
FUNERAL	BOX 192 GAL	LANT G							601					TED	STATES
큔	11. MARITAL STATUS  1 Never Merried 2 K	Merried	12. WAS DECEDED FORCES?	X YES	2 N	MED O	13	If yes, sp	ecify Cubi	en, Mexica	in, Puerto F	? (Specify Yes	or No-		- American Indian, White, etc.
Β¥	3 Widowed 4 Div		IF YES, GIVE	LD W		г		1 TYES	2 X) NO	Specif	y:			Specify:	WHITE
8		EDENT'S EDU	CATION	א טבו	16a. DEC			OCCUPATION			16b.	KIND OF BU	SINESS/IND	USTRY	
ij.	Elementery/Secondery (	ly highest grade 0-12)	College (1-4 or 5	+)	tife.	MECH	se retired		ist of work	ng		AUTOMO	RTIF	DEDA	TR
<u> </u>	12th grade				_ ,	LECH	ANT	J				NO LOPIC	DIDE	KLIA	IK
COMPLETED	17. FATHER'S NAME (First, I								18. MOT	HER'S NA	ME (First, A	fiddle, Meiden	Sumeme)		
H	ANTHONY E.		SR.								H RUS				
<u></u>	Regina M.											er, City or Tow			20601
	20e. METHOD OF DISPOSI			Lan				Name of ce			SI INU		CATION —	-	_
	1 V Buriel 2 Cremetil 4 Donation 6 Othe	on 3 🗆 Rem	noval from State	S+	other pla	DISPO	SITION (	urch	Ceme	mstory or	,		antowi		
	21. SIGNATURE OF PUNER		CENSEE	pt	• 15a			2. NAME A				15.3			
	0	mon	mm	ul			I	he Hu	intt.	Eune	eral.	Home,	Inc	0004	
_			hews MOO				_								
	23. PART I. Enter the c shock, or I		Complications the				not ent	er the mo	ode of dy	/Ing, suc	ch as card	llac or resp	Iratory arr	est,	Approximata interval Betwe
	IMMEDIATE CAUSE (Fi	nel	CADDA	ODEG	ID TD A	mont.	, A.D.	DDGE							Onset and De
H	resulting in death)	$\rightarrow$	a. CARDIORESPIRATORY ARREST  Due to (or as a consequence of):										30 men		
_		_	ACUTE				•	ለ DCጥ1	ON						i
5	Sequentially list condi				A CONSEO			ANGI	LOIN						1
3	cause. Enter UNDERLY	ING	<b>C</b>												
Ě	CAUSE (Disease or Inj thet initieted events		DUE TO	(OR AS	A CONSEO	UENCE C	OF):								
CERTIFICATION	resulting in death) LAS	ST	d												
- 11	PART II. Other signific	ent conditio	ne contributing to	deeth t	but not re	eulting	in the	underlyin	g ceuse	given in	Part I.	24a, WAS AI	AUTOPSY	24b. V	WERE AUTOPSY FINDIN
MEDICAL				DENSE HEMIPLEGIA WITH A								RMEO? AVAILA		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	PNEUMONIA							1 _ YES	S IVI NO		OF DEATH?				
											-				TES Z NO
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL						26. P	LACE OF	OEATN (C/	heck only on	ne)			
SIC	EXAMINER?		HOSPITAL: 1 Nupetient 2	☐ ER/Out	patient 3	□ DOA	OTHER:								
ᅔ	27. MANNER OF DEATH		28e. DATE O			28b. TI					28d. DES	CURED			
2	1 X Netural 5 2 Accident	Pending Investigation	(marking				М	1 🗆		□ NO					
	3 Sulcide 6	Could not be	28e. PLACE building	OF INJUR	Y — At hou	me, ferm,	street, f	actory, offi	20			ATION (Street or Town, State		or Rural Ro	ute Number,
ELE	4 Nomicide	determined													
<u> </u>	Correct orny	TIFYING PHYS	SICIAN: To the best of	of my know	vledge, de	nth occur	red at th	e Ilme, det	end plac	e, end du	e to the cau	use(e) end me	nner ee stat	led.	
COMPL	one) 2 ME	DICAL EXAMIN	ER: On the basie of	exeminatio	on end/or t	nvestigati	lon, In m	y opinion,	death occ	ured at the	time, date	end place, e	nd due to th	ne cause(e)	end menner ee stated
	29b. SIGNATURE AND TITL	E OF CERTIFIE	ER						29c. LI	CENSE NU	MBER		1		Month, Day, Year)
O BE	aft 1	7 -												4-1-9	2
2	30. AMP AND ADDRESS	F PERSON W	MO COMPLETED DA	USE OF DI	EATN (ITER	4 27) (Typ	e, Print)								
	CHRISTINA B	. FELI	CIANO, M	.D.,	VA :	MEDI	CAL	CENT	ER.	FORT	HOW	ARD. 1	$\mathfrak{D}$ 2	1052	

32. REGISTRAR'S SIGNATURE

APR 06 92

REGISTRAR'S SIGNATURE

Devidson—Rendere

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF OEATN

APRIL

1 DAY

1992 AR

> > DNMN-16 Rev 1/89

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1 -

	MONTH DAY YEAR													1300
	4. SOCIAL SECURITY NU	MBER	6. SEX	st birthday)	rthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					7. DATE OF BIRTN			IPLACE (State or Foreig	
3	419-72-2250		1 ₩ 2 Q E			MONTHS	DAYS			9-18-19		Country)		orida
STOR	9a. FACILITY NAME (If no		street and number)			9b. CITY,	TOWN (	OR LOCAT	ION OF D		10-15		NTY OF D	
	Rt #1	Box #	40									com	omico	
	RESIDENCE OF D	10b. COUN	тү		10c. CIT	Y, TOWN OF	LOCAT	TION						10d, INSIDE CITY
DIRE	Md.	Wic	omico		Pa	rson	ehi	ıra						LIMITS?
ED BY FUNERAL (	10a. STREET AND NUMB			Tu	LOOII		1. ZIP COD	DE			10g. CIT	ZEN OF 1	WHAT COUNTRY?	
	Rt # 1	Во	x # 40				12	2184	9			1	U.S.	. A .
	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	_	FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			yes, sp		en, Mexico	en, Puerto	N? (Specify Ye Rican, etc.)	s or No—	14. RACE — American Indian Black, White, etc.	
	15. E	ECEDENT'S ED	UCATION to completed)	16a. DE	CEDENT'S	USUAL OC work done d	CUPATR	ON of work	dos.	16	b. KIND OF BL	JSINESS/INC	USTRY	
4	Elementary/Secondary		College (1-4 or 5	- Ma	. Do NOT u	se retired.)	inng mo	DBE OF WORK	ing					
MP	8			En	nplo	yee					lind		of	Md.
TO BE COMPL	17. FATNER'S NAME (First	Middle, Last)				- 1			Middle, Maider					
	George	on			re-				e Tar					
	19a. INFORMANT'S NAME Ruth An	481	n	19					er or Rural	Houte Nun	nber, City or Tox	wn, State, Zip	Code)	
			101	20h DI ACE		e as				0.0	200 14	OCATION -	City or T	num State
	t N Buriel 2 Cross	20s. METHOD OF DISPOSITION  1												
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other algnit	o death but not	but not resulting in the underlying cause given in								24/	. WERE AUTOPSY FIND		
MEDICAL									PERFORMED?			AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
HYSICIAN:	25. WAS CASE REFERRE		26. PLACE OF DEATH (Check only one)											
Sic	1 TYES 2 NO		HOSPITAL:	ITAL:  ## OTHER:  ## Aresidence 6 Other (Specify)										
ву РНУ	27. MANNER OF DEATN  1 Matural 5  2 Accident	27. MANNER OF DEATN 28e. DATE (Month				26b. TIME OF SOUTH WORK?  M 1 YES 2 NO				28d, DESCRIBE NOW INJURY OCCURED				
ETED E	3 Suicide 6	home, ferm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLE	one)	75.	SICIAN: To the best											a) and manner as state
BE	296. SIGNATURE AND TO	TLE OF GERTIF	er Mass	11/	-17			29c. LK	CENSE N	MBER		29d. DA	E SIGNE	(Month, Day Year)
2	() //	100	in own					D	27	83	0	1	5/	X)/8~
	30. NAME AND ADDRESS	75 ×	DEMAR	eo. f	e este	B/	IF	r-Ka	0.	5	Visi	BUR	4	mol.
5	31. DATE FILED (Month, I	6 1994	32 REGISTI	PAR'S SIGNATURE	mark and	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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1215-0020

BALTIMORE, MAI

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Earl Ralph Barrick

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2<sup>DAY</sup> 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 212-38-2259 1 M 2 F 50 Patapsco, Md. 6-27-1941 In use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2355 Tyrone Rd Westminster Carroll 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Westminster 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2355 Tyrone Rd. 21158 U.S.A. or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2X NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rid 1 — YES 2 — NO Specify: BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Carpenter notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Earl C. Barrick Valerie Blizzard BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 nours after death. Page 6 may be retail Valerie B. Barrick 2355 Tyrone Rd. Westminster, Md. 21158 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must director, Eldersburg, Md. Lake View Memorial examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE n by the funeral or removal. 22. NAME AND ADORESS OF FACILITY Fletcher Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximations. medical filled in by t Approximate interval Between Onset and Death 6 IMMEDIATE CAUSE (Final l completely filled irial, cremation, i the executed within 24 disease or condition\_ Metastatic Colon Cancer resulting in death) traumatic event, DUE TO (OR AS A CONSEQUE attending physician and con intal Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 2 certificate other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS has been signed by the Dept. of Health and MAILABLE PRIOR TO COMPLETION OF CAUSE that 23 shows any Are mia of chrone performed? Jaundite OF DEATH? 1 - YES 2 100 PHYSICIAN: AR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) certificate h OTHER: 1 THE 2 NO 1 Dispetient 2 DER/Outpetient 3 DOA ne 5 Residence 6 [ Other (Specify) marked, or 27. MANNER OF DEATH 28s. DATE OF SNJURY (Month, Day, War) this ca 29b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Schutural 2 Accident 5 Pending Investig t YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 286. PLACE OF INJURY ... At home 3 Duicide Item 28 Is ETED. # Could not be 281. LOCATION (Street and Number or Rural Route Number, 4 Homicide COMPL TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 ho time, date and place, and due to the cause(s) and manner as stated. (Check on TURE OF CENT BE 29c. LICENSE NUMBER 3-92 037949 2 any FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE 197

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

92 10451

9:18

1992 TAR

REG. NO.

2. DATE OF DEATH

DHMH-16 Rev 1/89

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  1. DECEMENT'S NAME (First, Middle, Last)									
		Helen Klemm	sen Brown	n		2. DATE OF DEATH	AY 92	AR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.5	BIRTHPLACE (State or Foreign		
	219-40-7486  De. FACILITY NAME (If not institution,	1 DM 2-7 F	49 YRS.	MONTHS DAYS	HOURS MIN.	5 29	42 I	Country)		
5	University of Maryland Hospital Baltimore  RESIDENCE OF DECEDENT  St. CITY, TOWN OR LOCATION OF DEATH  Baltimore  Baltimore									
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. CO			TOWN OR LOCAT	TION			10d. INSIDE CITY		
		Carroll		West	minster			LIMITS?		
FUNERAL	10s. STREET AND NUMBER	Dood			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?					
	3310 Unionto	12. WAS DECEDENT EVE	ER IN U.S. ARMED		21158 ENDENT OF HISPAI	IIC ORIGIN? (Specify Yes	U.S.	RACE — American Indian.		
ETED BY FI	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y		n, Puerto Rican, etc.)		Black, White, etc. Specify: White				
	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S U (Give kind of wo	ork done during mo	ON st of working	16b. KIND OF BU		RY		
2	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	ille. Do NOT use	retred.) retary		at U		r's Office		
5	17. FATHER'S NAME (First, Middle, Las	1)	500	revery	18. MOTHER'S NA	ME (First, Middle, Malden				
30	Paul Detlef	Klemmsen			Marie	Antonia	Floe	gel		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
	John Howard :		3310				CATION - City	, MD 21158		
	1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	Removal from State	cemetery, cremetory or oth Crestlaw	er place	terv			City. MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Pritts Funeral Home & Chapel All Washington Rd., Westminster,									
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cll	Sec. / P	/ .	de of dying, suc	h as cardiac or resp	ratory srrest,	Approximate interval Betwee Onset and Dea		
HIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. PUE TO (OR A DUE TO (OR A C. M / C.	AS A CONSEQUENCE OF	Levii dell	/	Scalac or resp	ratory srrest,	Interval Between		
EDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE OF	Con della	e he con hill Loh	Siclar hi-	AUTOPSY IMED?	Interval Betwee		
MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant cond	a.  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE OF	Le underlying	e he con hill Loh	Pert I. 240. WAS AN PERFOY  1 YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 in	s after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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1. DECEDENT'S NAME (First, Middle, Last				ICATE OF		2. DATE (	OF DEATH	). MY	YEAR	3. TIME OF DEATH	
William		arnest		Brow	n	04	03	1	992	2:45 P	
4. SOCIAL SECURITY NUMBER 219-16-1412	5. SEX 1 XM 2 - F	6. AGE (In yrs. I	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MAY	Day, Year)	1922	Count	HPLACE (State or Fore ry) RYLAND	
9a. FACILITY NAME (If not institution, give street and number)  Physicians Memorial Hospital  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY TOWN OR LOCATION  9b. CITY, TOWN OR LOCATION  9c. COUNTY OF DEA  Charles									es		
10	RLES		WALDORF				1				
ROUTE #228 HAMIL	TON ROAD			"	20601					TATES	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. A I YES 2 WAR OR DATES	ARMED	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	an, Puerto R	(Specify Yelcan, etc.)		_	E — American Indian k, White, etc.	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	le completed)		DECEDENT'S (Give kind of the Do NOT u	USUAL OCCUPAT work done during m	ION lost of working	16b.	KIND OF BU	SINESS/IN	DUSTRY	BLACK	
6TH GRADE  17. FATHER'S NAME (First, Middle, Lest)	NONE	+)	ABORE						AY A	DMINISTR	
THOMAS FRANCIS BI	OUN				18. MOTHER'S NA						
19e. INFORMANT'S NAME (Type/Print)	XOWIN		19b, MAILING	ADDRESS (Street	BESSIE and Number or Rural	Route Number	M. City or Tox	vn, State, Zi	(OWN (p Code)		
WILLIAM REED			ROUTE	#228 H	AMILTON F	nd Number or Rural Route Number, City or Town, State, Zip Code) MILTON ROAD, WALDORF, MARYLAND 20601					
20e. METHOD OF DISPOSITION  1   XBuriel 2   Cremetion 3   Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemeters, cremeters,								own, State			
A Donation & Other (Special)	moval from State	cemetery c	rematory or o	other placa)	CII OFM	1.10	100 1				
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	1. DECEDENT'S NAME (First	4	Boy	well X	era Bor		_			2. DATE OF MONTH			YEAR	3. TIME OF OEATN A
	4. SOCIAL SECURITY NUM 579 <b>–</b> 54–578	8-A	5. SEX	6. AGE (In	yrs. lest birthdey) 7 YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, 2	BIRTH (20) 1507)		Country	LACE (State or Foreign
DIRECTOR	So. MAM/AND		treet and number)	reet and number) HOSPITAL		9b. CITY, T	OWN	R LOCATIO	3		_150.	BC. COUNT	TY OF OE	ATN 🔼
EC	RESIDENCE OF DEC	10b. COUNT	Y		10c, CIT	Y, TOWN OR	LOCATI					И		
	Md.  100. STREET AND NUMBER	Prin	ce George		randy	wine							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ER/	10505 Ceda	rville	Road					0613					EN OF WI	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U			YES	2 V NO	16.7	S DECE	NDENT OF	F NISPANIO , Maxican, Specify:	C ORIGIN? ( , Puerto Ric	Specify Yes an, etc.)	or No-	14. RACE Black, Specify Whi	
ETED	15. DEC (Specify onl)	EDENT'S EDU	CATION completed	1	Ide. DECEDENT'S	USUAL OCC	UPATIO	N		16b. K	ND OF BUS	SINESS/INDU		re
COMPLET	Elementary/Secondary (0 11th grade	0-12)	College (1-4 or 5	•)	Give kind of life. Do NOT us Foster			t of working		Dis	stric	t Wel	fare	
BE CO	17. FATHER'S NAME (First, M Earl Elbr:	idge	Phillip	s					Ali	e (First, Midi	lolde	en		
2	Joy Oglest				19b. MAILING									
	20a. METHOD OF DISPOSITI	ION on 3 🗆 Rem	oval from State	cemete	LACE AND DATE ( ery, crematory or o	OF OISPOSITI	ON (Nen	le R	d.,	Branc 4/6	20c. LO	CATION - C	ity or Tow	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
			Joan F. H			The P.C	Hu	ntt lox 1	Fune	ral H Waldo	lome,	Inc. Md. 2	0604	
	23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart lanure.	a. Co	re	he death. Do r	0.	a mod	o of dyln	g, such	es cardia	Dr respli	ratory arre	at,	Approximata interval Between Onset and Death
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BY		Pending Investigation				M	YE	S 2 🗌	NO					
8		Could not be determined	28a. PLACE Of building,	F INJURY — atc. (Specify)	At home, ferm, a	treet, factory	offica		2	City or To	ON (Street ar own, State)	nd Number or	Rural Rou	ite Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFICATION 2 MEDIT	FYING PHYSIC	CIAN: To the best of ex	my knowled	ge, daath occurre nd/or investigation	d at the time	, data a ion, dea	nd place, a	and dua to	the cause(	a) and mane I place, and	ner as stated	l. Cause(s) a	and menner as stated.
TO BE	296. SIGNATURE AND TITLE		Ah a	blan	-la)	MD		29c. LICEN	SE NUMBI	ER 08		29d. DATE 5	SIGNED (A	forth, Day, Year)
	30. NAME AND ADDRESS OF	425	COMPLETED CAUS	OF DEATH	V 5 A62	Print)	80	20	, ci	000	De	(84	e n	Part -
	31. DATE FILED (Month, Day, 1	*92	32. REDSTRAF	Day	JRE Andrew	R.			-			1	MI	-20731

10 92 A MARIE BOARS

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	TMENT OF H	IEALTH AND M	MENTAL HYGIEN REG. NO.		. 10400
	1. DECEDENT'S NAME (First, Middle, Last)  LORGE  4. SOCIAL SECURITY NUMBER	BUR	ohn Burk	kett,	Jr.	2. DATE OF DEATH DATE OF DAT	Ÿ - 9	year 12 30 M
	578-52-3187  9a. FACILITY NAME (If not Institution, give at	1 D M 2 D F 5	1 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEAT	7. DATE OF BIRTH (Month, Day, Year) 4-6-194(	0	BIRTHPLACE (State or Foreign Country) Wash, D.C.
DIRECTOR	SO MANY/AN RESIDENCE OF DECEDENT	ID HOSP	PITAL	_Ch	INTON	тн	P. COUNTY	NCE GEONGE
L DIRE		rles	ldorf				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
NERA	1107 Harvard			2	1. ZIP CODE 20602		USA	N OF WHAT COUNTRY?
D BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	IE VEC CIVE WAS OR DATES			CENDENT OF HISPANIC Becify Cuban, Maxican, 3 2 NO Specify:		I. RACE — American Indian, Black, Whita, atc. Specify: hite	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th grade	CATION completed)  College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use Trailer	ork done during mos retired.)	ost of working	siness/indus		
BE CON	17. FATHER'S NAME (First, Middle, Lest) George John E	Burkett			18. MOTHER'S NAME	Me (First, Middle, Maiden :	Surname)	
TO B	190. INFORMANT'S NAME (Type/Print)  Brenda L. Bur	rkett	19b. MAILING A	Harvar(	and Number or Rural Rou	oute Number, City or Town Waldorf,	m, State, Zip Co	20602
	20a. METHOD OF DISPOSITION 1 Deurial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from Stata cem	b. PLACEAND DATE OF metery, cremetery or other INITY	Mem. Go	dns	4-4 Wa]	ldorf	y or Town, State
		Mo Benjamin Ma	oo658 atthews	The F	HUNTT FU Box 156	ineral Ho 5, Waldor	ome, rf, M	Inc. d. 20604
	23. PART I. Enter the diseases, or conshock, or heart feliure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Decide on each	the death. Do not ech line.	t enter the mod	te of dying, auch a	as cerdiec or respir	ratory arrest	t, Approximata Interval Between Onset and Death
LION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF)	Simil	2 come	a		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):		~			
- 11	PART II. Other significant conditions	e contributing to deeth b	out not resulting in	the underlying	cause given in Pa			24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFORM 1 TYES 2	A .	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIA	PR. WAS CASE REFERRED TO MEDICAL.	MOSPITAL:	- 17	26. PLA	ACE OF DEATH (Check	( only one)		
HYS	7 YES 2 ANO 27. MANNER OF BEATH	10 Nopetient 2 - EROUtipe 28s. DATE OF INJURY		4 C Nursing Home	Residence 6			
BY PI	1 Natural 5 Panding 2 Accident Investigation	(Month, Day, Huar)	BUURI	M 1 TY	RK7 YES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCURE	EO
ETED !	3 Suitable 6 Could not be determined	26e. PLACE OF INJURY building, etc. /Specif	P()	interior to the constitution		261. LOCATION (Street an City or Town, State)		Rural Route Number,
COMPLETED	2 MEDICAL EXAMINER:	CIAN: To the beat of my knowle It On the beats of examination	adge, death occurred and/or investigation,	at the time, date a	and place, and due to eath occured at the Jim	the cause(s) and manr ne, data and place, and	ner as stated.	Buse(a) and manner as stated.
TO BE	266. SIGNATURE AND TITLE OF SENTINES	Fardsh	S		D 1760	)5	29d. DATE SIG	NED (Month, Day, Year)
	OF THE STATE OF STATE	FIDAL M	ATTRICTEM 27) (Type, Pr		Curton	mel		
	APR 06 92	32. REGISTRAR'S SIGNA	ATURE Augusta			7		

SELT.

director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should age 6 may be retained by the hospital or attending physician. TIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and companiery filled to be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burist, cremation, or IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the media

REGISTRAR		CERTIF	ICATE O	F DEA	I III	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last) Flossie Mae	BECKMA	N				2. DATE OF DEATH MONTH April 1,	1992	YEAR	3. TIME OF DEATH  1:08 PM
4. SOCIAL SECURITY NUMBER 220-38-2447	5. SEX 8. AGE	(in yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR		R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH	
9e. FACILITY NAME (If not institution, give	A	09	9b. CITY, TOW		1011 07 07		1923		ryland
Garrett County		pital-ER			ION OF DE	НТА	Garr	ett	DEATH
RESIDENCE OF DECEDENT  100. STATE  10b. COUNT	γ	10c. CIT	Y, TOWN OR LO	CATION					10d, INSIDE CITY
, , , , , , , , , , , , , , , , , , ,	Garrett		Oakla						LIMITS?  1 X YES 2 NO
100. STREET AND NUMBER 217 E. Green St	reet		10f. ZIP CODE 2 1 5 5 0				10g. CITIZEN O		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 🖔 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes		en, Mexice	IIC ORIGIN? (Specify You, Puerto Rican, etc.)		14. RAC	E — American Indian, k, White, atc. #y: White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during most of working			16b. KIND OF BU			
		Coc	)k	_			erican	1 Le	gion
John C.	C	tzer				ME (First, Middle, Maide	n Sumame)		Bowser
JOHN C.  19a. INFORMANT'S NAME (Type/Print)	Swei		ADDRESS /Star	Но		Route Number, City or To			Bowser
Carolyn Rishell						er Park, N			21550
20e. METHOD OF DISPOSITION	2	Ob. PLACE OF DISPO					OCATION -		
1 N Burial 2 Cremation 3 Res 4 Donation 5 Other (Specify)	noval from State	Rose Hill	Cemet	erv	4/4	4/92 Sv	vantor	. M:	aryland
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE / / ?	1	22. NAM	E AND ADDR	ESS OF FA	CILITY		,	
> 700. 50:	1/11/11	12.				ral Home ond Street	. 0-1	.1	d. MD 21550
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant eachdition	cDUE TO (OR AS	A CONSEQUENCE O	F):	ying cause	given in		N AUTOPSY PRIMED? 2'/EI NO	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	1								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Andrea e 🗆 ser	OTHER:	. PLACE OF					
1 VES 2 NO	1 Inputient 2 ER/O			Home 6   F	laaldence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	) IN	JURY M 1	WORK?	□ NO				
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	street, factory,	office		28t. LOCATION (Stree City or Town, State	t end Number (a)	r or Rural	Route Number,
conduction of the	SICIAN: To the best of my kn								e) end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Rode 1	DEATH (ITEM 27) (Toron	a Print)	1000	2233		29d. DAT	E SIGNE	O (Month, Day, Year)
Dr. C. William				reet	0ak	land, MD	21550		
31. DATE FILED (Menth, Day, Mar)	. REGISTRAR'S SI	GNATURE							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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nined by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part of the property of the detached of the standard of the stand

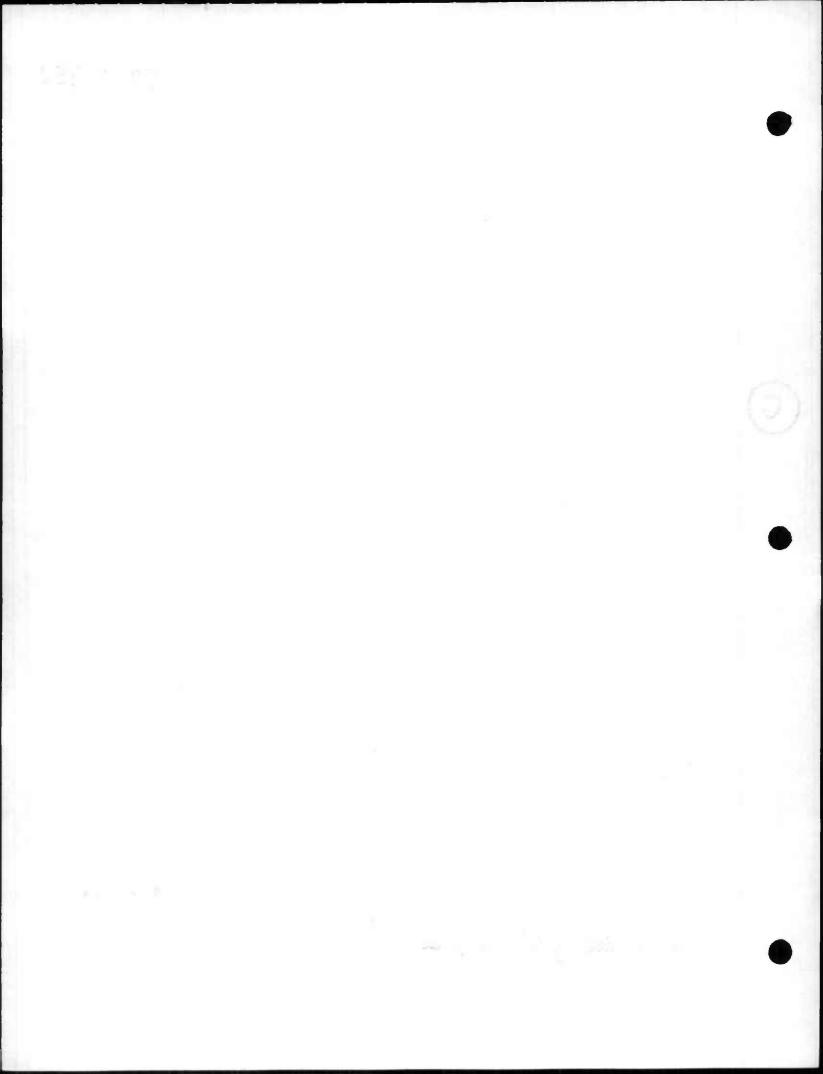
1 - STATE REGISTRAR	SIAIE OF MAI	RYLAND / DI CER	EPARTMET ITIFICAT			MENTA	REG. NO.	E J	2 10457
1. DECEDENT'S NAME (First, Middle, I	BROWN					2. DATE	OF DEATH DA		YEAR 92 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  216-14-2899  98. FACILITY NAME (If not institution,	1 <b>№</b> M 2 □ F	75	YRS. MONTH		IF UNDER 24 HRS	2- (Mon	OF BIRTH th, Dey, Year)	917	B. BIRTHPLACE (State or Foreign Country) S. Carolina
PENINSULA REGIONAL MEDICAL CENTER  SALISBURY  PENINSULA REGIONAL MEDICAL CENTER  SALISBURY  WICOMICO  RESIDENCE OF DECEDENT									
	COMICO	1	10c. CITY, TOWN OR LOCATION Salisbury					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 817 Miami Av			109. CITIZEN OF WHAT CO U.S.A						.A
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 IF YES, GIVE WAR	YES ZENO	D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Veg or No					or No—	14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	(Give I	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working to Do NOT use retired.) CUCK Driver				None		STRY
12 17. FATHER'S NAME (First, Middle, Las Harry Brown	,				Queen	ie B	Middle, Meiden	Sumame)	
19a. INFORMANT'S NAME (Type/Print) Linda J. Bro	wn	19b. M 501	AILING ADDRE	ss (Street a	nd Number or Aut	, Bla	densb	urg,	Md.20710
20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Ramoval from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of camalary, grematory or pitter place)  Springhill Gardens  4372 Hebron. Md.									Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  821 West Rd.  Clinton F Stewart—Salis Nd. 21801  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximately the country of the co									est Rd .Md.21801
23. PART I. Enter the disease, ahock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	on eech line.		er the mo	de of dylng, a	uch aa car	diec or reapi	ratory arre	Approximate interval Betwee Onset and Dear
Sequentially list conditions, if any, leading to immediate	b. Hypure	AS A CONSEQUE	MANUA NCE OF):	alby					DAYS
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Conclusion Conclus	AS A CONSEQUE	NCE OF):					· · · · · · · · · · · · · · · · · · ·	MUS
PART II. Other aignificant cond		11 1		underlying	cause given	in Part i.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:								
	HOSPITAL:	/Outpatient 3 🗆		R:					
EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:  1 In Impatient 2 ER  28a. DATE OF INJ (Month, Day, )	URY 20		PR: ursing Hom 28c. INJ WO	5 🗆 Realdeno	a 8 🗆 Oth		JURY OCCU	PRED
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:  1 In mipstlent 2 ER  28a. DATE OF INJ (Month, Day, )  1 be be be be be be be be be be be be be	URY 20	DOA 4 N	28c. INJ WO	o 5 Realdenc	a 8 Oth	or (Specify) SCRIBE HOW IN		IRED r Rurel Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investiget 3 Suicide 8 Could no determine  29a. CERTIFIER (Check only	HOSPITAL:  1 Pripatient 2 Pripa	JURY — At home, (Specify)	DOA 4 IN NO. NO. NO. NO. NO. NO. NO. NO. NO. NO	28c. INJ WO 1 \_ \text{\ti}\text{\texitilent{\texi}\text{\text{\texi{\text{\texi{\text{\text{\text{\texi\tiexi{\texit{\tet{\text{\text{\texi{\text{\texi{\texi{\texi{\texi{\texi{\texi{\te	5 Realdence URY AT RIC? ES 2 NO and place, and d	a 8 Other	SCRIBE HOW IN SCRIBE HOW IN CATION (Street a or Town, State)	nd Number o	r Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investiget 3 Suicide 8 Could no determine  29a. CERTIFIER (Check only	HOSPITAL:  1 Pripatient 2 Principal	URY — At home, (Specify) knowledge, death nation and/or investigations.	DOA 4 N N N N N N N N N N N N N N N N N N	28c. INJ WO 1 \_ \text{\ti}\text{\texitilent{\texi}\text{\text{\texi{\text{\texi{\text{\text{\text{\texi\tiexi{\texit{\tet{\text{\text{\texi{\text{\texi{\texi{\texi{\texi{\texi{\texi{\te	5 Realdence URY AT RIC? ES 2 NO and place, and d	28d. DE 28d. DE 28t. LOC City ue to the ca he time, date	SCRIBE HOW IN SCRIBE HOW IN CATION (Street a or Town, State)	nd Number o ner as stated	r Rural Route Number,

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way-war year year

his certificate has been signed by the attending physician and completely filled in by the funeral direction, pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	xaminer must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complicitly filled in by the fu be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIEN	Ε	10430
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
HERMAN J. BROOKS					3 2	Y YEAF	C'USA M
4. SOCIAL SECURITY NUMBER			INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BtF	THPLACE (State or Foreign
217-07-7804	1X M 2 🗆 F 91	YRS. MON	THE DAYS	HOURS MIN.	2-27-1901	VA.	untry)
9a. FACILITY NAME (If not institution, give str	set and number)	9b.	CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT	IRSING H	ome s	Alis	7	Md.	Wico	MiCa
10a. STATE 10b. COUNTY			WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Md. Wicom	ico	Salis					1 TYES NO
Rt.2 Box 335				ZIP CODE		USA	F WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14, R/	ACE — American Indian,
1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spi	2 CANO Specify	n, Puerto Ricen, atc.)	So	eck, White, atc.
							Vhite
15. DECEDENT'S EDUC. (Specify only highest grade of	completed)	(Give kind of work of the Do NOT use reti	tone durina mo	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY	,
Elementary/Secondary (0-12)	College (1-4 or 5+)	Farmer	rea.)		Grain		
17. FATHER'S NAME (First, Middle, Last)		Tarmer			02000		
Clyde Brooks					ME (First, Middle, Meiden aiden unkno		no le o
19a. INFORMANT'S NAME (Type/Print)		Tab Mail Inc. 400	DPOO (OL		TOUTE Number, City or Town		JOKS
Herman L. Brooks					Lle, De. 19		
20a, METHOD OF DISPOSITION	206	PLACE AND DATE OF DIS					
1 Burial 2 Commetten 3 Removed 4 Donation 5 Other (Specify)	val from State	etery, cremetory or other postern Shor	lace) Cron	neor	1	cation - city or orgetown	
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE A	A I		D ADDRESS OF FAC		rgerowi	i, be.
Milliani	m. Sko	rtl	Short P.O. H	Funeral Box 204 I	Home, Inc.	. 19940	
23. PART I. Enter the disasses, or conshock, or haert feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Leve C	wwy	nter the mo	da of dying, such	n as cardiec or respi	ratory srrest,	Approximate interval Between Onset and Death
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):					
PART II, Other significent conditions	contributing to deeth be	at not resulting in the	underlying UYD	Cause given in	Part I. 24s. WAS AN PERFORI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF OEATH (Che	ck only one)		
	HOSPITAL: 1	Rient 3 DOA 4	付見R: Nursing Home	5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH  Setural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJL WOI	IRY AT	26d. OESCRIBE HOW IN	JURY OCCUREO	
2 Accident Investigation 3 Suicide	28a. PLACE OF INJURY	— At home, term street		ES 2 NO	261 LOCATION (Com-	ad Muschania C	I Doube Alicent
4 Homicide 6 Could not be detarmined	building, atc. (Speci	fy)	, onles		26f. LOCATION (Street as City or Town, State)	va Number of Mura	r nuule Number,
	AN: To the best of my knowle						
296. SIGNATURE AND TITUE OF CERTIFIER		/	1				
CYN		6		D 4/	98	≥ 3 - Z	7 - 9 2
Eddie VELA	COMPLETED CAUSE OF DEA		1/04	HEAIT	Hugari	no e	1.00001
31. DATE FILED MONT. OF SOIL	32 REGISTRAR'S SIGNA	TUBE		11-711	1 vay	JK. J	MO.



**ARYLAND 21215-0020** 

BALTIMORE,

notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF		D MEI	NTAL HYGIEN REG. NO		-	10705
200	DECEDENT'S NAME (First, Middle, Last)	Li	llie Ma	e	Bake	_		DATE OF DEATH DI MONTH DI MARCH 2	W 19	YEAR 92	S 15 A M
	4. SOCIAL SECURITY NUMBER  2/7-03-4011  90. FACILITY NAME (If not institution, give si		6. AGE (in yrs. las	YRS.		IF UNDER 24 HRS HOURS MIN	Au	DATE OF BIRTH (Month, Day, Year) 18ust 24	1914	B. BIRTHPI Country) Pitt	
DIRECTOR	PENINSULA REGION RESIDENCE OF DECEDENT 108. STATE 108. COUNTY		AL CENT		Y. TOWN OR LOC	ALISBURY	<i>Y</i>		WIG	COMIC	
	Maryland Worces			Ber	lin					1	INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	8456 Circle Road					21811			US.		AT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2 X		If yes, s	CENDENT OF HIS pecify Cuben, Mei S 2 1 NO Sp	xican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No-	14. RACE - Black, Specify:	- American Indian, white, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	) (Gi	CEDENT'S We kind of the Do NOT us  Mema	USUAL OCCUPAT work done during n se retired.)	ON ost of working		166. KIND OF BU	SINESS/INC		
CON	17. FATHER'S NAME (First, Middle, Last)			,		1		First, Middle, Meiden			
BE	Edward White  190. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street			ackson Number, City or Tow	n, Stefe, Zio	Codel	
٩	C. Hugh Baker							n, MD 2		,	
	20a, METHOD OF DISPOSITION 1	ovat from State			of disposition (f		3-3	1-92 Ber	cation -	MD	n, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	1. Has	AS.		Hast Sell	ings Fu	ner DE	al Home 19975			
	23. PART I. Enter the diseasea, or c shock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition	List only one caus	se on each ilne				such aa	cardiec or reap	iratory arr	eat,	Approximate interval Between Onset and Death
	resulting in death)	DUE TO (	OR AS A CONSEC	DUENCE O	de lomo						7 years
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (	OR AS A CONSEC	UENCE O	F):			13.8			
SERTIFI	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEC	UENCE OF	F):						
PHYSICIAN: MEDICAL	PART #. Other eignificant condition	e contributing to o	death but not n	esulting i	in the underlyli	g cause given	in Part	i. 24e. WAS AN PERFOF 1 YES 2	MED?	C	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH?  YES 2 NO
ICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I	LACE OF DEATH	(Check or	nly one)			
BY PHYS	1 YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF I	NJURY	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO		Other (Specify) DESCRIBE HOW I	NJURY OCC	CURED	
1	3 Suicide 8 Could not be determined	28e. PLACE OF building, a	INJURY — At horate. (Specify)	ne, ferm, s	street, factory, off	co	281.	LOCATION (Street of City or Town, State)	and Number	or Rural Rou	ite Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINED										and manner ee stated,
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF GEATH (ITEM	27) (Noe	Print	29c, LICENSE N	S O S	'53	294. DATE	28/	Acrith, Day, Warry 92
0	Charles O. Si	Ivia Ji	am -	11,1900	Peninsul	a Regio	iral	MC			
/	MAR 3 0 1992	12. REGISTRAR		her							



TO BE COMPLETED BY FUNERAL DIRECTOR

. STATE REGISTRAR	JINIE OF MAI	CERTIF	ICATE OF		REG. N			
, DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Lois		Bumba	ugh			31	92	9:05 A
. SOCIAL SECURITY NUMBER 214–09–6635	7.0	AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year, Septembe	1904	8. BIRTH Count	HPLACE (State or Foreign ry)
	1 M 2 X F	87 yrs.					_	sylvania
. FACILITY NAME (If not institution, give				OR LOCATION OF DE	EATH		OUNTY OF D	
Fahrney Keed	ly Home		Воо	nsboro		W	ashi	ngton
a, STATE 10b. COUN		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
aryland Was	hington	H	agerstow	n				LIMITS?
. STREET AND NUMBER				f. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
05 East Antietan	Street A	pt 4		21740		1	JSA	
. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify		14. RAC	E - American Indian,
Never Married 2 Married Widowed 4 Divorced	FORCES? 1 []			ecity Cuban, Maxica 2 10 NO Specif	n, Puerto Rican, etc.) y:		Spec	white, etc. White
15. DECEDENT'S ED			USUAL OCCUPATI		16b. KIND OF	BUSINESS/I	NDUSTRY	
(Specify only highest grad Elementary/Secondary (0-12) 8 YEARS	College (1-4 or 5+)	Me. Do NOT u		ost of working	TRet	ail	Store	2
FATHER'S NAME (First, Middle, Last)				18 MOTHED'S NA	ME (First, Middle, Mak			
George W. Bumbau	ıgh				Ann Long	Jen Sprieme	,	
Betty Keedy				gton Stre	Route Number, City or			aryland 2174
a. METHOD OF DISPOSITION		20b. PLACE OF DISPO					— City or To	
X Buriel 2 Cremation 3 Res	noval from State	Rose Hill Ce	metery	metery, cremetory or				aryland
SHOUTURE OF FUNEHAL SERVICE L	GENSEE //A-	. ()		ND ADDRESS OF FA			_	
*Doold /	1/1/1/1	1000		ld N. Mir ral Home				mac Street _Maryland
equentielly list conditions, any, leading to immediate nuese. Enter UNDERLYING	b	AS A CONSEQUENCE O	te Mi	mer				to mi
AUSE (Disease or injury let initiated events insulting in death) LAST	d	AS A CONSEQUENCE O	PF):					
Prince Th	na contributing to dec			g cause given in	PER	AN AUTOPS FORMED?	3Y 24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL	1		26. F	LACE OF DEATH (C)	eck paly one)			
EXAMINER?	HOSPITAL:	Moutpetient 3 1 DOA	OTHER:		8 Other (Specify)			
MANNER OF DEATH  1  Miturel 5 Pending	28a. DATE OF INJ (Month, Day, )	URY 285. TIR	AE OF 28c. IN	JURY AT ORK? YES 2 NO	28d, DESCRIBE HO	W INJURY	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be datermined	28e, PLACE OF IN	JURY — At home, farm, (Specify)			281. LOCATION (Str. City or Town, St	eet and Num tate)	ber or Rural	Route Number,
anal	SICIAN: To the best of my IER: On the basis of exami							a) and manner as stated
b. SIGNATURE AND TITLE OF CERTIFI		~9		D ( Yo		29d. D		(Month, Day, Year)
NAME AND ADDRESS OF PERSON W								-
VASANT	DATTA	mp 334	MILL	CT MA	( Faire	. 1 4	wn 2	106.
				2 ( 1 ( 14 )	- ES CON	3 20 1	-0	1776
, DATE FILED (Month, Day, Year)	32. REGISTRAR'S			- (A.	ESTON	, ,		1790

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

i Denden-Rudall

BALTIMORE, MARYLAND 21215-0020

P.O. BOX 68760, DIVISION OF VITAL RECORDS.

FOR ALBERT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE C	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	9. Bown	Naomi	Grace	BOWMAN	2. DATE OF MONTH	DEATH DA		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-10-3388	5. SEX 6. AGE	(In yrs. lest birthday) 91 YRS.	IF UNDER 1 YEA		7. DATE OF (Month, D. NOV.	OUTTAL.	,,,	Country)	ACE (State or Foreign
OB	9a. FACILITY NAME (If not institution, give a Washington Coun.				N OR LOCATION OF O			9c. COUNT		ТН
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c. C(T)	, TOWN OR LO	CATION					od. INSIDE CITY
E O		Washington			stown					LIMITS?  YES 2 NO
FUNERAL DIRECTOR	10. STREET AND NUMBER  11 W. Baltimore	Street			101. ZIP CODE 21740			10g. CITIZE	USA	AT COUNTRY?
BY FUI	11. MARITAL STATUS     1	12. WAS DECEDENT EVER OF THE FORCES? 1 YES, GIVE WAR OR D	2 TNO	If yes	DECENOENT OF HISPAI , specify Cuban, Maxico /ES 2*E NO Specif	en, Puerto Rice	Specify Yes In, etc.)	or No- 1	Black, V Specify:	American Indian, white, etc.
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KII	NO OF BUS	INESS/INDUS		White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ewife	most of working					
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
BE	James W. Koons  19a. INFORMANT'S NAME (Type/Print)			National Control		C. Cr				
2	Jack E. Bowman			edford	Road B	el Air				14
	20a. METHOD OF DISPOSITION 1	oval from State 201	b. PLACE AND DATE O	her place)		DATE		CATION — CH		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF PUMERAL SERVICE LIE		agerstown		tory 4-	3+92	Ha	agerst	own,	Maryland
	Scott	Men	ned		E. Wilso	Mi		n Fune		
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that ceuse List only one cause on e	d the death. Do n	ot enter the	mode of dying, auc	h as cardiac	or reapl	ratory arres	it,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	- lutestin	of lace	ucom	A Tobis			40		Onset and Death
NO	Sequentially list conditions,	- SUBTO			us fra	all B	nel			
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	A CONSEDUE CE OF	): /						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEDUENCE OF	):						
	PART II. Other significent condition	na contributing to death t	out not reaulting in	n the underl	ing cause given in	Part I. 24	a. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
PHYSICIAN: MEDICAL						1	YES 2		CC	OMPLETION OF CAUSE F DEATH?
2						-			1 (	YES 2 NO
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF DEATH (Ch	eck only one)				
KSIC	1 YES 2 TO NO	HOSPITAL: 1 Impatient 2 ER/Out	petient 3 DOA	OTHER: 4 Nursing i	lome 5 - Residence	6 Other (S	pecify)			
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY	INJURY AT WORK?  YES 2 NO	28d. OESCRI	BE HOW IF	JURY OCCU	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE DF INJURY building, etc. (Spe	f — At home, farm, st cify)	traet, factory, c	ffice	281. LOCATIO City or To	ON (Street a own, State)	nd Number or	Rural Rout	e Number,
COMPLETED		CIAN: To the best of my know								nd menner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE	CHAN			29c. LICENSE NUI	MBER		29d. DATE 9	Z /6/2	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	TWA TO	TATH (ITEM 27) (Type),	Print)	mo 21:	140			11	
İ	31. DATE FILED (Month, Day, Year) APR 0.3 1992	32. REGISTRAR'S SIGN				10				

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
CEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATN

		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	-	53.65			2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
Naomi	R.	BAST			March 30,		10:07A M
4. SOCIAL SECURITY NUMBER 216-22- 8253	5. SEX 6. AG		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH APITI 22, 1	0.26 8.8	RTNPLACE (State or Foreign Juntry) Maryland
9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY C	-
7614 Old Nati			Воо	nsboro		Washi	ngton
10e. STATE 10b. COUNT		10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY
Maryland Was	hington	Boo	nsboro				1 TES & NO
7614 Old Natio				21713		U	S. A.
11. MARITAL STATUS  1 Never Merried 2 K Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 X NO	If yes, s	CENDENT OF NISPAN pecify Cuben, Mexicer S 2 X NO Specify.		B	ACE — American Indian, lack, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECEDENT'S US	SUAL OCCUPAT	ION	16b, KIND OF BUS		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wor	rk done during n retired.)	lost of working			
12		Assisst	. Fune	ral Dir.	Funer	al Home	9
17. FATNER'S NAME (First, Middle, Last)				18 MOTHER'S NAM	IE (First, Middle, Maiden S	iumeme)	
Francis R. Sn	yder				Trumpower		
19e. INFORMANT'S NAME (Type/Print)	_				oute Number, City or Town		
John H. Bast,					ke, Boonsb		
1X Buriel 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	oval from State	b. PLACE AND DATE OF emetery, cremetory or othe BOONSBOYO	Cemete	ry 4-2-9		sboro,	
21. SIGNATURE OF FUNERAL SERVICE LIC			1	NO ADDRESS OF FAC	7606	Old N	ational Pike
Douglas A. F	iery //pur	In A Fine	BAST	FUNERAL	HOME, Boon	sboro,	Md. 21713
23. PART I. Enter the diseases, or on shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions,	a. He Lec I OUE TO (OR AS	A CONSEQUENCE OF):	asl	Comments.	ss csralec or respir	etbry arrest,	Approximata Interval Between Onset and Death
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	J	A CONSEQUENCE OF):					
PART II. Other significent condition	s contributing to death	but not resulting in	the underlyln	g ceuse given in P			4b. WERE AUTOPSY FINDINGS
					PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?
							1 TYES 2 TNO
					-		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATN (Chec	k only one)		1  YES 2  NO
EXAMINER?	HOSPITAL: 1   Inputient 2   ER/Ou		THER:	LACE OF OEATN (Chec			1  YES 2  NO
EXAMINER?	1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME C	OTHER:  Nursing Hore  OF 28c. IN.  W M 1	JURY AT DRK? YES 2 NO		JURY OCCUREO	1 VES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Yeer)	patient 3 DOA 4  28b. TIME C INJUR  Y — At home, term, stre	OTHER:  Nursing Hore  OF 28c. IN.  W M 1	ne 5 Reeldence 8  JURY AT  JRK?  YES 2 NO	Other (Specify)		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  CERTIFYING PNYSK	1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Yeer) 28e. PLACE OF INJUR	y—At home, term, stre	OTHER:  Nursing Hor  OF 26c. IN.  W 1 1  Det, fectory, officent the time, date	DURY AT SHE 2 NO STEEL SHE 2 NO STEE	Other (Specify)  2ed. OESCRIBE NOW IN.  2ef. LOCATION (Street en City or Town, State)  the cause(e) end menn	d Number or Run	al Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  CERTIFYING PNYSK	28e. DATE OF INJURY (Month, Day, Yeer) 28e. PLACE OF INJURY 28e. PLACE OF INJURY building, etc. (Sp	y—At home, term, stre	OTHER:  Nursing Hor  OF 26c. IN.  W 1 1  Det, fectory, officent the time, date	Per S Revidence 8  JURY AT PK?  YES 2 NO  The pend plece, end due to the seth occurred at the till  29c. LICENSE NUMBER	Other (Specify)  2ed. OESCRIBE NOW IN.  2et. LOCATION (Street en City or Town, State)  the cause(e) end menn me, date end place, end	d Number or Run er se stated. due to the ceus	al Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	28e. DATE OF INJURY (Month, Day, Yeer)  28e. PLACE OF INJURY building, etc. (Sp.  CIAN: To the best of my knoot: On the bests of examinati	y — At home, term, stre	DTHER:  Nursing Hor Nursing Hor Page 18.  Wing 1   et, fectory, office at the time, date in my opinion, of	DURY AT JRK? YES 2 NO	Other (Specify)  2ed. OESCRIBE NOW IN.  2et. LOCATION (Street en City or Town, State)  o the cause(e) end menn me, date end place, end	d Number or Run er se stated. due to the ceus	al Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Sp. CIAN: To the best of my knook; On the bests of examinating the building of the best of examinating the building of the best of examinating the building of the best of examinating the building of the best of examinating the building of the build	Y — At home, term, strecify)  Y — At home, term, strecify)  wiedge, death occurred a pon end/or investigation, the street of the	THER:  Nursing Hor Nursing Hor 28c. IN Y M 1   set, fectory, office at the time, date in my opinion, of int)  eeting	Per S Revidence 6  JURY AT  JRK?  YES 2 NO  The send place, and due to death occured at the till  29C. LICENSE NUME  D 3 2 5 1 4	Other (Specify)  2ed. OESCRIBE NOW IN.  2et. LOCATION (Street en City or Town, State)  o the cause(e) end menn me, date end place, end	d Number or Run er ee stated. due to the ceus 22d, DATE SIGN	e(e) end manner es steted.

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4(F)	in .	Des 1.	. 90
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Ps. e-monal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ngurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fillers. We the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. Indian be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, c.,-emoval.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

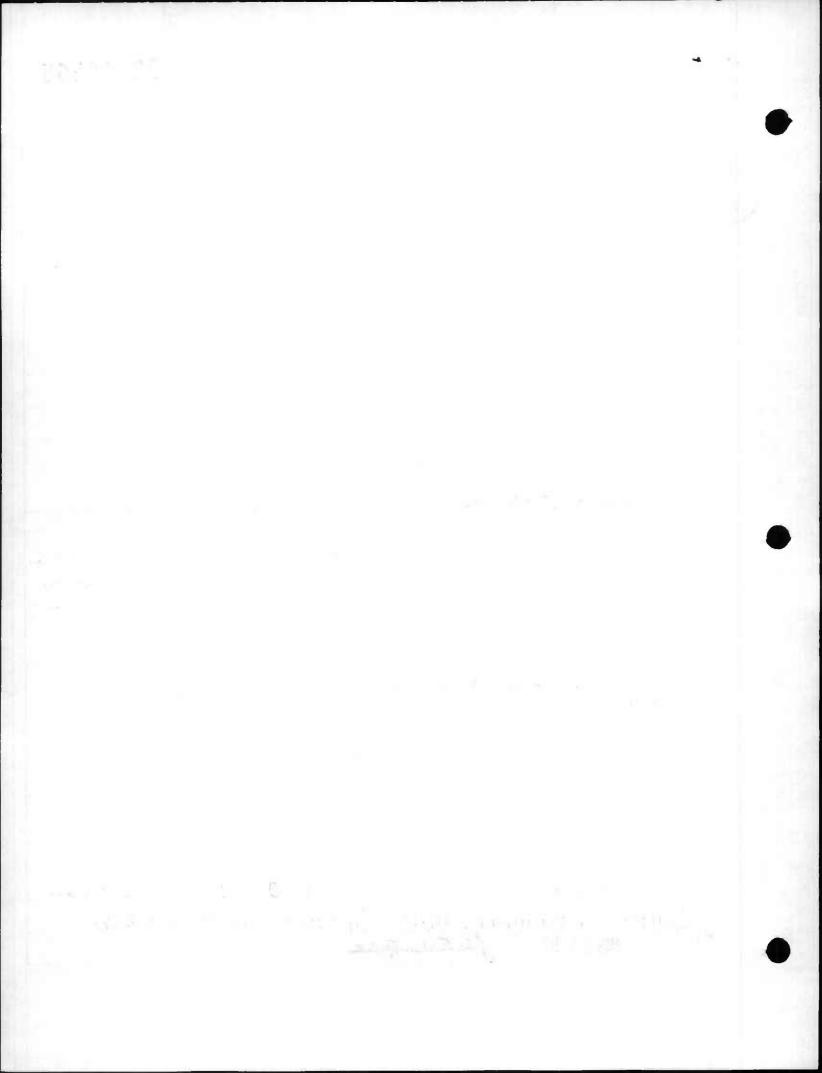
	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)  VIRC-INIA K	BIRCI	K HEAD.	2. DATE OF DEATH DAY	9 2 -	3. TIME OF DEATH 6 · 3 2 aum
\	4. SOCIAL SECURITY NUMBER  236-04-7767  1 □ M :	6. AGE (In yrs. last birthday		7. DATE OF BIRTH (Morath, Day, Year)	A BURTN	IPLACE (State or Foreign
OR.	9s. FACILITY NAME (H not institution, give street and nu Washington County	*	96. CITY, TOWN OR LOCATION OF D Hagerstown,		wash.	EATN
5	RESIDENCE OF DECEDENT  10s. STATE  10s. COUNTY					
DIRE	Md. Washing		Hagerstown			10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAL	17431 Fairoaks C	t.	101. ZIP CODE 21740		USA	WHAT COUNTRY?
BY FUNERAL DIRECTOR	1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 NO GOIYE WAR OR DATES	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, atc.)	Black	- American Indian, c, Whits, etc. by: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (	(Give kind of iile. Do NOT	S USUAL OCCUPATION I work done during most of working use retired.)	16b. KIND OF BUSIN	NESS/INDUSTRY	
	17. FATNER'S NAME (First, Middle, Lest) Samuel S. Cook			AME (First, Middle, Melden Su lerine Pay	mame) ton	
TO BE	19s. INFORMANT'S NAME (Type/Print) John Birckhead	196. MAILIN	IG ADDRESS (Street and Number or Rural 17 Appleblosso	Route Number City or Town	State. Zin Code)	1.0
	20a_METHOD OF DISPOSITION 1 Butts! 2 Cremetion 3 Removal from 5	20b. PLACE AND DATE	EOF DISPOSITION (Name of	DATE 20c. LOCA	TION — City or To	wn, Stats
	4 Donation 5 Other (Specify)	cemetery, cremetory or CITECHIAV		1/1/92 Wil:	liamspo	ort, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Mary 6. L	Vatson Ito	22. NAME AND ADDRESS OF F	Watson	Funera	al Home
CERTIFICATION		DUE TO (OR AS A CONSEQUENCE OF AS A CONSEQUENC		Reinoma		Interval Between Onset and Death
ERT	resulting in death) LAST					
EDICAL	PART II. Other aignificent conditions contribu	iting to death but not resulting	In the underlying cause given in	Pert i. 24a. WAS AN AU PERFORME 1 □ YES 2 □	NO NO	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	beck only east		
25	EXAMINER? HOSPIT	AL: ent 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence			
BY PHYSICIAN: M	27. MANNER OF DEATN 28s.	DATE OF INJURY 28b, TH		28d. DESCRIBE HOW INJU	URY OCCURED	
	3 Suicide 28e,	PLACE OF INJURY — At home, term, building, etc. (Specify)	street, factory, office	281. LOCATION (Street and City or Town, State)	Number or Rural R	loute Number,
COMPLETED			rred at the time, date end place, and du- tion, in my opinion, death occured at the			) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Shaff.	D28	36 5 2	DATE SIONED	(Month, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON WNO COMPLET 368 Mill St. Hag	erstown, Ind.	e, Print)		1	
	1	EGISTRAR'S SIGNATURE				
	APR 06 1992 Stein	Senden-Rendall				

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8	5	OS.	DOUL	Ten.	
i	IN THE MOSTIAL OF ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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100	H	분	Ped	ğ	
8	2	0	90	윺	
,	_	_	-	-	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	12201										12	10465
	1 - STATE REGISTRAR				/ DEPAR	ICATE (	F HEALTH	AND N	MENTAL HYGIEI REG. NO	NE		
	1. DECEDENT'S NAME (FIRST	homas [	Bennet Ji	r.					2. DATE OF DEATH MONTH	PAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs.	lest birthday)	IF UNDER 1 YE	AB E IMPE	N 24 HRS.	03	22	92	4:35PM PLACE (State or Foreign
	213-05-72		X□ M 2 □ F	78		MONTHS DA	YS HOURS	MIN.	(Month, Day, Year) 08-20-13	3	Country) MD	
4	Kent & Que	en Anne	s Hosp	ital		9b. CITY, TO						
E	RESIDENCE OF DEC						terto	wn		<u></u>	Ker	1 t
DIRECTOR	MD	10b. COUNTY	nt			Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				IChe	stert	0 W II	E		10g, C/1	IZEN OF W	1 YES 2 X NO
FUNERAL	Morgnec	Villa					21	620			US	
	11. MARITAL STATUS  1 Never Married 2 X	Merried		YES 2X	ARMED NO	13, WAS	DECENDENT (	OF HISPANI	IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	e or No-	14. RACE Black	American Indian, , White, etc.
ВУ	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 X NO	Specify			Specif	White
COMPLETED	(Specify only	EDENT'S EDUC highest grade	ATION completed)		(Give kind of a	USUAL OCCUP	ATION most of worki	na	16b. KIND OF BU	ISINESS/IN	DUSTRY	WHILE
PLE	Elementary/Secondary (0	-12)	College (1-4 or 5 a	''	ille. Do NOT u:	se retired.)			Vant	~	4 NT	200
OM	17. FATHER'S NAME (First, M	iddle, Last)			Prin	Ler	18. MOT	HER'S NAM	Kent (		ty N	ews
BE C	Walter T.		ett, Sr						ett A. I		tes	
5	19a. INFORMANT'S NAME (7)						_		oute Number, City or Tox	vn, State, Zi	Code)	
	The 1 m a	ON		20b, PLAC		ame as		ve	OATE 20c, LC	CATION	City or Tow	
	1 X Buriel 2 □ Cremetio 4 □ Donation 5 □ Other	(Specify)		cemetery, c	crematory or o		*	3/25				n, MD
	21. SIGNATURE OF FUNERAL	L SERVICE LICI	NSEE			22. NAM	E AND AOORE	SS OF FAC	ILITY			
	Hary	257	tello	2S		/.13	High	h S+	ls Funer	arta	тъ М	
		sert reliure. L	emplications the	t caused the see on each lis	deeth. Do r ne.	ot enter the	mode of dy	ing, auch	as cardled or reap	iratory ar	rest,	Approximate interval Between
	iMMEDIATE CAUSE (Fin disease or condition	al		Rei	100	70	5,6	50				Onset and Death
	resulting in death)			OR AS A CONS	EQUENCE OF	7):	e	70				1 week
NO	Sequentielly list conditi	ons, b		CAS A CONS			15					Scoorl Grave
EA	if any, leading to immed cause. Enter UNDERLY	NG	OUE 10	(OH AS A CONS	EQUENCE OF	7):						grave
Ē	CAUSE (Disease or injust that initiated eventa resulting in death) LAST		OUE TO	OR AS A CONS	EOUENCE OF	7):						
CERTIFICATION	resulting in death) LAS	d			-							
. 1	PART II. Other significan	nt conditiona	contributing to	death but not	resulting I	n the underl	ying ceuee (	iven in P	Pert i. 24e. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
20	Hodowie	ial y	tothic	Aneil	8480	el 1			1 YES :			COMPLETION OF CAUSE OF DEATH?
Ξ	COLD								_			1 TES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	_				28	PLACE OF D	EATH (Chec	ck only one)			
YSI	1 TYES 2 NO		HOSPITAL:		3 DOA	OTHER: 4 Nursing I	lome 5 □ Ra	sidence 8	Other (Specify)			
		Pending	28e. DATE OF (Month, De		28b. TIM	URY	INJURY AT WORK?		28d. DESCRIBE HOW	NJURY OC	CURED	
BY	2 0 0 1111	restigation Could not be	28e. PLACE OF	F INJURY At I	nome, farm, s		YES 2	-	28t. LOCATION (Street	end Number	or Rural Ro	oute Number
COMPLETED		letermined	building,	etc. (Specify)					City or Town, State;	C-15		
AP.	29e. CERTIFIER (Check only one)	FYING PHYSIC	IAN: To the best of	my knowledge, o	death occurre	d at the time, o	late end place,	end due 1	o the ceuse(e) end ma	nner es stat	ed.	
ខ្ញុំ	2 MEOIC		On the basis of ex	amination and/o	r Investigatio	n, in my opinio	n, death occur	ed at the 1	me, data and place, er	id due to th	e cause(s)	and manner as stated.
BE	296. SIGNATURE AND TITLE	Fee	nu				29c. LICE	A A	354	29d, DAT	SIGNED (	Month, Day, Year)
٩	30 NAME AND APORESS OF		COMPLETEO CAUS	E OF OEATH (IT	ЕМ 27) (Туре,	/ 1 1	2	I	$\alpha$ $\alpha$	1	21/2	21
8	31. DATE FILEO (Month Day )	10 U	32. REGISTRA	SIGNATURE	1.0.	UIC	251er	TUU	11/1/1	٦٠ ٥	216.	40
	MAR	27 92	- 6	the Dav	idson-A	andelle.						



	1 - STATE REGISTRAR		STATE OF MA	C		CATE	F DEAT	н	RE	G. NO.			
	1. DECEDENT'S NAME (First	t, Middle, Last)	om:			BI	sv=		DATE OF DE	HTA	YE	EAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUM 217-42-53	BER		AGE (In yrs. Id		F UNDER 1 YE		MIN.	DATE OF BIF (Month, Day,	Year)		Country)	ACE (State or Foreign
4	Sa. FACILITY NAME (If not it	institution, give	etreet and number) NAL MEDICA				MN OR LOCATION	OF DEATH	-te/ -te/	9c.	COUNTY WICO	OF DEA	
Perto	RESIDENCE OF DE			L CEN		TOWN OR L		K1			WICO		od. INSIDE CITY
DIR	100. STREET AND NUMBER		cester		Snow	Hi	101, ZIP CODE			1.00	- 0/7/7/1	1	LIMITS?  YES 2 NO
VERAL	.5578 BIL	ake	Road				2186	3			U-S.		II COUNTRY?
BY FUN	11. MARÍTAL STATUS 1 Never Married 2  3 Widowed 4 Divi		12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2	NO	If you	DECENDENT OF I, specify Cuben, YES 2 1 NO					RACE	American Indian, White, etc.
ETED	(Specify on	CEDENT'S EDU		1	DECEDENT'S US	k done durin	PATION g most of working		16b, KIND	OF BUSINES		-	14.
PLE	12 Grade	0-12)	College (1-4 or 5+)		lo Do NOT use i	,			S+rea	et Wo	حادده	04:4	-
COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)					18. MOTHE			Malden Surna			
BE	190. INFORMANT'S NAME (	Type/Print)	Blake	1	IS MAILING A	DOBESS (Str	Nem:	one		Water		ele1	
임	Orelland	15000	olica		578 E					IL Md			
	4-16 Donation S □ Other 21. SIGNATURE OF FUNERA	AL BENVICE LI	3 Sac	Vesle	-	Sav Sav New	e and address age Chur	of facility	Va.	Snov Home 23415	5		
NOIL	21. SIGNATURE OF FUMERA 23. PART I. Enter the d	iliseases, or neert fallure.	complications that of List only one couse a. Con (V) DUE TO (OI	eused the de on each le	y Ce.	Sav New enter the	e and address age	une eh,	Va.	Home 23415 r reapirator	5		Approximate Interval Betv
SERTIFICATION	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list conditional conditiona	liseases, or neert fallure.	Complications that collisions are considered to the collisions are collisions are considered to the collisions are considered to the collisions are considered to the collisions are collisions are co	equand the do on each in	land to ha	Sav New enter the	e and address and a chur mode of dyln	une eh,	Va.	Home 23415 r reapirator	5		Approximata Interval Betw
: MEDICAL CERTIFICATION	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events	iliseases, or neert failure.  nal  tiona, adiata iNG ury	a. Confidential that of List only one couse  a. Due to (or one to the confidence to	P AS A CONSE	EOUENCE OF):	B NAM Sav New enter the	e ANO ADDRESS	ch , , such as	Va. a cardiec o	Home 23415 r reapirator	oppsy ?	24b. W/AM	Approximata Interval Betw Onset and Donest a
: MEDICAL C	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condit if any, leading to immerence acree. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifications.	ilseases, or neert failure.  tiona, dilata ING ury  ST	Confiplications that could be contributing to de Co	D O O O O O O O O O O O O O O O O O O O	EOUENCE OF): reaulting in	New enter the	e ANO ADDRESS	g, such as	Va	Home 23415  r reapirator	oppsy ?	24b. W/AM	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
PHYSICIAN: MEDICAL C	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injutted interest of the course of the c	ilseases, or neert failure.  nai  tiona, dista ling ling ling ling ling ling ling ling	a. Confidential that of List only one ceuse  a. Due To (or one to the confidence to	R AS A CONSE	EOUENCE OF):	THER:   Nursing	e AND ADDRESS  Chur  Chur  mode of dyln  ying cause glt  S. PLACE OF DEJ  Home 5 □ Reel  INJURY AT  WORKY	ren in Pari	t I. 24a. I	WAS AN AUTO PERFORMEO YES 2   N	DPSY ?	24b. W/ AM CC Of	Approximate Interval Betw Onset and D
ED BY PHYSICIAN: MEDICAL C	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fill disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injutat initiated events resulting in death) LAS  PART II. Other algnifications are successful in the conditions of the conditions	ilseases, or neert failure.  tiona, dilata ING ury  ST	DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI  DUE TO (OI	R AS A CONSE	EQUENCE OF):  Feaulting in  3 □ DOA 4 C INJURE	THER: Nursing OFF 28c, M 1	ying cause gli  S. PLACE OF DEJ  Home 5   Reel  INJURY AT  VES 2	ren in Pari	t I. 24a. I Donly one)  Other (Spec d. DESCRIBE	WAS AN AUTO PERFORMED YES 2 N  Sily) HOW INJUR	DPSY ?	24b. W/ AM CC ON 1	Approximate interval Betwoonset and D onse
ETED BY PHYSICIAN: MEDICAL C	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  LASS (Disease or injuthat initiated events resulting in death) LASS  PART II. Other algnification in the sequence of the	iliseases, or neert failure.  nei   tiona, dilata iling ury   or ment condition   To MEDICAL.  Pending investigation  Could not be determined   TIFYING PHYS	Complications that collisions that collisions that collisions that collisions that collisions are contributing to define contributing to	R AS A CONSER AS A	EOUENCE OF):  reaulting in  3 DOA 4  28b. Times c INJUR	THER: Numing Niet, factory, of	wing cause gli  S. PLACE OF DE: Home 5   Reel INJURY AT WORE 2    office	ren in Pari	t I. 24a. 1  only one)  Other (Speed d. DESCRIBE	WAS AN AUTO PERFORMED YES 2 N  (Street and No. n, State)	DPSY ? NO CCURE	24b. Will Albert CC Of 1	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
ED BY PHYSICIAN: MEDICAL C	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  LASS (Disease or injuthat initiated events resulting in death) LASS  PART II. Other algnification in the sequence of the	iliseases, or neert failure.  nai  tiona, dilata ling ury  ST  TO MEDICAL  Pending Investigation Could not be determined  TIFYING PHYS DICAL EXAMINE	DUE TO (OI  DUE TO	R AS A CONSER AS A	EOUENCE OF):  reaulting in  3 DOA 4  28b. Times c INJUR	THER: Numing Niet, factory, of	wing cause glasses of the control of	ren in Pari	t I. 24a	WAS AN AUTO PERFORMED YES 2 N  (Street and No. n, State)  NO.  (Street and No. n, State)	OPSY 7 OCCURE	24b. WW AW CC OI 1	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do

5. 4. A-E : 1 7 . 5. H. Y 4.2 42 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	ATE O	F DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  JAC K	BAILEY	k Richar	d Bai	lley	2. DATE OF DEATH	31 - C	YEAR	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 577-38-5816	1 🗙 M 2 🗆 F		FUNDER ( YEAR		7. DATE OF BIRTH (Month, Day, Yea 2-26-1		8. BIRTHI Country Was	1 00 00
HOH	SOUTHERN MAR. RESIDENCE OF DECEDENT	1.1	pital .	b. CITY, TOW	NOR LOCATION OF DE			NE (	11
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	rles		dorf.	Maryla	nd			16d. INSIDE CITY LIMITS?
ERAL	3040 C. Octobe:	r Place			101. ZIP CODE 20601	10g. CITIZEN OF WH			HAT COUNTRY?
E A	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1V YE IF YES, GIVE WAR OR 1947-1950	S 2 NO DATES	U.S. ARMED 2 NO 13. WAS DECENDENT OF NISPANIC O 14 yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify:			n, Puerto Rican, etc.) Black, White		
LED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use of	UAL OCCUPA	TION most of working	16b. KIND OF	BUSINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)	Mail De			U.S.	Posta.	l Se	rvice
	17. FATNER'S NAME (First, Middle, Last)  Benjamin Bail	ev				ME (First, Middle, Mai Laycock	den Sumame)		
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AL	ORESS (Stre	end Number or Rural I Bird Dr		Town, State, Zip	Code	00601
-	Richard A. Ba								
	20e. METHOD OF DISPOSITION 1\( \begin{array}{cccccccccccccccccccccccccccccccccccc	A   N	ob. PLACE AND DATE OF I	ans (	Cem.	4/2 C	helte		
	21 SIGNATURE OF FUNERAL SERVICE LE BENGAMIN Ma	tthews MO(	0658	The Huntt Funeral Home, Inc. P.O. Box 156, Waldorf, Md. 20604					
	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CEREBR	each line.  20 MASCU (	AR	DISE	4 5/=			Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS					24 D,	SEA.	<u>S4</u>
EDICAL C	PART II. Other algnificent condition			the underly	ing ceuse given in		AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Myocarpia	TVH	HITON			1 _ YES	2 🗆 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORRITAL			PLACE OF OEATN (Ch	ck only one)			
	1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Ou	rtpatient 3 DOA 4		ome 5 🗆 Residenca	8 Other (Specify)			
_	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year,		Υ	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	URED	
ED 8	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, stre	et, factory, or	fice	281. LOCATION (Str. City or Town, S	net and Number ete)	or Rural R	oute Number,
COMPLETED		CIAN: To the best of my kno							
	296. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examinat	Face F	. P	29c. LICENSE NUM				(Montp, Day, Year)
2	30. NAME AND ADDRESS OF PERSON VIVI	O COMPLETEO CAUSE OF D	DEATH (ITEM 27) (Typo, Pr	(nt)	DO AA	801	110	5/3	N nan
	31. DATE FILED (Month, Day, Year)  APR 0 2 92	32. REGISTRAR'S SIG	INATURE ON ACTION	0,01	1000100	1-1/		10'	(101)
JL	APRILL JA	7 WIND WHO THE							1

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF	HEALTH AND	MENTAL HYGI		2 10468				
	1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF GEATH	1	3. TIME OF DEATN				
		rles Cohey,	Jr.			March 9		2 9:35 t				
	4. SOCIAL SECURITY NUMBER 214-15-3473	5. SEX 6. AG		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year May 20	)	BIRTHPLACE (State or Foreign Country)				
	9s. FACILITY NAME (If not institution,	give street and number)	91	L CITY, TOWN	OR LOCATION OF			Y OF DEATH				
CTOR	Kent & Queen	Anne's Hos	pital C	heste	ertown,	MD	Kei	n t				
REC	10s. STATE 10b. CC	DUNTY	10c. CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY				
□		. A.	Che	stert	own			LIMITS?				
FUNERAL	10e. STREET AND NUMBER			10	it. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
N	RFD #1. Box	634			21620		USA					
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	2 NO It yes, specify Cuban, Mayler			sn, Pusrto Rican, etc.)	4. RACE — American Indian, Black, Whits, stc. Specify:					
ETED	15. DECEDENT'S	EDUCATION	16s. DECEDENT'S USI	JAL OCCUPATI	BUSINESS/INDUS	White						
Ē.	(Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during m	ost of working	TOOL KING OF	DUSINESS/INDUS	o i n				
APL	3		Student			Eleme	ntarv	School				
COMPL	17. FATHER'S NAME (First, Middle, Las	1)			18. MOTHER'S N	AME (First, Middle, Maid						
BE	Michael C.	Cohey, Sr.			Debor	ah Lynn	Colema	an				
0	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rura	Route Number, City or	Town, State, Zip Co	ode)				
	Michael C.	Cohey, Sr.	sam	e as	above							
	20s. METNOD OF OISPOSITION 1 1 Burisl 2 Cremation 3  4 Denation 5 Other (Specify)	Removal from State	Ob. PLACE AND DATE OF D emetery, crematory or other	place)			LOCATION — Cit	y or Town, Stats				
	21. SIGNATURE OF FUNERAL SERVICE		St. Pauls		ery 3/		hester	rtown, MD				
		a biolitole					ral Ho	n m e				
	Fellows-Wells Funeral Home  413 High St. Chestertown MD 21620  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory street,  Approximate											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	tump	with in all all all all all all all all all al	eludus minal	Bra	in 252 me				
MEDICAL O	PART II. Other algnificant cond	Itions contributing to death	but not resulting in the	na underlyln	g cause givan ir	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN								N2A				
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Ou		HER:	ACE OF DEATH (C			(-()-()				
ੋ	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME OF		URY AT	6 Other (Specify) 284. DESCRIBE HOT	W INJURY OCCUR	RED				
8Y P	Natural 5 Pending Investigat	(Month, Day, Year)	INJURY		PRK?							
ETED B	3 Suicide 6 Could no datarmine	28s. PLACE OF INJUR	28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
COMPLE	29s. CERTIFIER Check only one) CERTIFYING P	HYSICIAN: To the best of my kno MINER: On the besis of examinati	wisdge, death occurred at	the time, data	and placs, and du	to the cause(s) and n	namer ss stated.	suse(s) and manner as stated.				
BE C	296. SIGNATURE AND TITLE OF CERT				29c. LICENSE NU			IGNED (Month, Day, Year)				
	John of	morgo	m mD		D0933		<b>&gt;</b> 3	130/92				
2	John L. Morg						21620	)				
1	31. DATE FILED (Month, Day, Year) MAR 3 0 '92	32 REGISTRAR'S SIG										

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and the second second

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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REGISTRAR									
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICA	ALL OF DEATH	REG. NO.					
	Richard Co	isey, SR			2. DATE OF DEATH DAY	92	5:40 A			
1	4. SOCIAL SECURITY NUMBER  020-22-8323	5. SEX 6. AGE (In	yrs. last birthday) IF L	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	Year) Country)				
	90. FACILITY NAME (If not institution, give of	CICI Cond	96.	CITY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY OF DE	EATH			
RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY  10c. CITY TOWN OR LOCATION										
	MD A.A. ANNAPOLIS									
	100. STREET AND NUMBER  979 High point Drive 21401  101. ZIP CODE 109. CITIZEN OF W									
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes o	r No- 14. RACE	- American Indian,			
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DAT	ES	If yee, specify Cuben, Maxic  1 YES 2 NO Speci		Black, Specifi	white, etc.			
ı	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. OECEDENT'S USUA	AL OCCUPATION	16b, KIND OF BUSIN	NESS/INDUSTRY				
	Elementary/Secondery (0-12)	College (1-4 or 5 +)	Defens	ed.)  Mapping	Dept	eFD.	e Fense			
	17. FATNER'S NAME (First, Middle, Last) Abel Cas	ey		18. MOTHER'S N	AME (First, Middle, Melden Sc	Know	N			
	MARY ANN (Type/Print)	CASEY	19b. MAILING ADD	RESS (Street and Number or Rural		State, Zip Code)				
	20e. METNOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remo		PLACE AND DATE OF DIS			ATION — City or Tow	rn, State			
l	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1) 10101	22. NAME AND ADDRESS OF FA		sunsidi	1110			
	Ments to	South.		BARRANCO	Sev. PK	mo a	1146			
ı	23. PART I. Enter the disease, or c	omplicatione that ceused in list only one ceuse on each	the deeth. Do not en	nter the mode of dying, suc	ch sa cerdisc or respire	tory srrest,	Approximate			
ı	IMMEDIATE CAUSE (Fine)	and bring one couse on each	-				Interval Between Onset and Death			
ı	resulting in deeth)	Paneresti	+15				1100			
		OUE TO (OH AS A C	ONSEQUENCE OF):				11110			
ı	Sequentielly liet conditions,	Sursingfr	- Ahdm	ins/ Hortic	Ansurys	. /	1100			
I	is only, resulting to minimediate	0 /				•				
I	CHOOL (Disease of Itifuly	Generaltz.		11050/120515						
ŀ	that initisted events resulting in death) LAST	DUE TO (OR AS A C	ONSEDUENCE OF):							
							-			
	PART II. Other eignificent conditions	contributing to death but	not resulting in the	underlying ceuse given in	Pert I. 24s. WAS AN AU		WERE AUTOPSY FINDINGS			
	Lymphoma	pre sorbi	nodes	•	PERFORMI	NO.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	Rong / Faller.						PYES 2 NO			
H	Carren									
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PLACE OF DEATN (C)	neck only one)					
	1   YES 2   NO	1 2 Impetient 2 ER/Outpet		Nursing Home 5 Residence	8 Other (Specify)					
	27. MANNER OF OEATN  1 ANTURAL 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DESCRIBE HOW INJ	URY OCCURED				
	2 Accident Investigation	200 00 100 00 00		1 YES 2 NO						
L	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At nome, ferm, street,	tactory, offica	281. LOCATION (Street and City or Town, Stete)	Number or Rural Ro	ute Number,			
	29a. CERTIFIER (Check only	IAN: To the best of my knowled	lge, death occurred at t	he time, date end place, and due	to the cause(s) and manne	r es stated.				
	One) MEDICAL EXAMINER	: On the basis of examination a	ind/or investigation, in r	ny opinion, death occured at the	time, data and place, and o	due to the cause(s)	and manner es stated.			
1	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI		9d. DATE SIGNED				
	Wannel 1	Free.	m11	D 205	-	3/3/	165			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)		, ,	1291	31441			
		1	4	011	11 //		101701			

Jula Davidson Manuface

d for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, M.

ital or attending physician. D 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mm is not the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mm. To be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATAFIFER MOET. 27 1992

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BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. OECEDENT'S NAME (First, Middle, Last)		OZITI II IC	CATE OF	DEATH	REG. NO	D						
	LILLIAN L.	COOK						YEAR	comes commi				
	4. SOCIAL SECURITY NUMBER		rs. lest birthday) I	IF UNDER 1 YEAR	IF UNDER 24 HRS.	March 2							
	216-32-9465	10 M 2 10 F 91	YRS.	ONTHS DAYS	HOURS MIN.	une 22,		Country)					
~	90. FACILITY NAME (If not institution, give a Pleasant Liv	treet and number)	,	b. CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNTY	Y OF OEATH					
2	Convalescent							Aru	ndel				
DIRECTOR			10c. CITY, 1	TOWN OR LOCAT	TION			10d.	INSIDE CITY				
ä	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 10 Maryland Anne Arundel Edgewater 11												
₹ I	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?				
FUNERAL	144 Washingto				21037			S.A.					
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN ecity Cuben, Mexican	IC ORIGIN? (Specify W	a or No 14	I. RACE - A	merican Indian, te, etc.				
B	3 📆 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATE	S	1 - YES	2 NO Specify	:	1	Specify:	0				
ETED	15. DECEDENT'S EQUI (Specify only highest grade	CATION 16	Se. DECEDENT'S US	SUAL OCCUPATION done during mo	ON	166. KIND OF BI	USINESS/INDUS		C				
	Elementary/Secondary (0-12)	Callege (1-4 or 5 +)	Ille. Do NOT use n	etired.)	st or working								
COMPL	8		Owner-	opera	tor	Rest	tauran	ıt					
8	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maide		Maryland COUNTY OF OEATH  Incomplete County of OEATH  Incomplete County OF OEATH  Incomplete County  Incompl					
BE	Ernest G.	Hardes			Lilli		insbur						
2	19a. INFORMANT'S NAME (Type/Print)	0				loute Number, City or To							
	Alice Gertrude					Annapo							
	1 X Buriel 2 Cremetion 3 Rem-	oval from Stata	ACE AND DATE OF C ry, crematory or other	r place)									
	11. SIGNATURE OF FUNERAL SERVICE LIC		kemont	22. NAME AN	ID ADDRESS OF FAC	YT IE		nvil	le, MD				
	tour Del 1	41		Tayl	or Fune	ral Chap							
	22 PART STATE OF THE STATE OF T	Jul 10											
	IMMEDIATE CAUSE (Final	complications that caused th Liet only one cause on sech	line.	enter the mo	de of dying, auch	as cardiac or resp	olratory arrea	it,	Approximata Interval Betwee Onset and Deat				
ERTIFICATION	snock, or neart fellure.	a. DUE TO (OR AS A CO	DISEQUENCE OF):	enter the mo	de of dying, auch	as cardiac or resp	olratory arrea	AUTOPSY MED? ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CO	INSEQUENCE OF):	tenter the mo	de of dying, such	Pert I. 24a. WAS A	UCUM	CUS	Approximate Interval Betwee Oneet and Deat				
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page detroit the hospital page of the hospital page of the hospital page.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directory as a feed within 22 hours often death with the State Deet of Health and Mental Horliene prior in burial cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and united the first phase deep with the State hand of Health and Mental Horlege princip to hursil, cremation, or removal.	= :
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t	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE	OF DEATH		MEAN	3. TIME OF DEATH		
i		Maria	n Larr	nelle	Cha	jkow	ski				4- 02	- 92	2 YEAR	11:30p M		
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	IF UNDE		7. DATE (	OF BIRTH , Day, Year)		8. BIRTH	IPLACE (State or Foreign		
	215-24-432	23	1 🗆 M 2 🔀 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.		24-24					
3	9a. FACILITY NAME (If not i	inatitution, give a	treet and number)			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
FUNERAL DIRECTOR	6408 Bonn	ie Bra	e Road			Eldersburg Carroll (						oll County				
ווי	10a. STATE	10b. COUNTY	r		10c. CIT	HTY, TOWN OR LOCATION								10d. INSIDE CITY		
5	Maryland	Balti	more Cou	ntv		Catonsville										
1	100. STREET AND NUMBER							H. ZIP COD				10g. CIT	IZEN OF Y	WHAT COUNTRY?		
	1011_Sout					2122	28			II.S.	Α					
2	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED				OF HISPAI	NIC ORIGIN	? (Specify Yes		14. RACE	E — American Indian,		
10	1 Never Married 2 🔀		IF YES, GIVE	MAR OR DATES	NO			secify Cubi		in, Puarto F ly:	lican, etc.)		1000000	My:		
- 41														White		
-	(Specify or	CEDENT'S EDU- nly highest grade	completed)	16a. I	OECEDENT'S (Give kind of life. Do NOT u	work done	during m	ost of work	ing	16b.	KIND OF BU	SINESS/INI	DUSTRY			
ן נ	Elementary/Secondary	(0-12)	College (1-4 or 5	+)												
COMPLEIED	12 17. FATHER'S NAME (First, I	Miridia I not)			HOII	nemak	er	16 MOT	MED'O NA	ME (Elm) A	DOIT		Summary   Summary			
_			n Hatton					10. MO		Lou		Surriemey				
N N	19a, INFORMANT'S NAME		ii ilaccon		19b. MAILING	3 AODRES	S (Street	and Numbe				n State Zi	n Codel			
2	Mr. Frank		jkowski		1011									1228		
	20g. METHOD OF DISPOSI 1 [X Burial 2 ] Cremati			20b. PLA	CE ANO DAT	E OF DISI	POSITION	N (Name		OATI	20c. LO		_			
	1 Denation 5 Other		oval from State	_ cres	tlawn	Men Men	oria	al Ga	rder	ns 4/	6 Ma	rrio	ttsv	ille, MD		
	21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE					ND ADDRE								
	· Bui	an &	f. Has	ght			Haio Syl	ght F kesvi	uner lle,	al He	ome (E 21784	.0.	Box 0)-7	195) 95–1400		
	23. PART I. Enter the shock, or immediate Cause (Fi disease or condition resulting in death)	heart feilure.	a. Lun	g Carci	ne. noma		r the m	ode of dy	/ing, auc	ch aa card	llac or reap	iratory ar	reat,	Interval Between Onset and Death		
2				onic Ob		•	of	Lunc	r							
2	Sequentially list condi if any, leading to imm	ediata	DUE TO	OR AS A CONS	SEOUENCE C											
3	CAUSE (Disease or In		- Cig	arette	Smoki	noking							Tears			
HILICALION	that initiated events resulting in death) LA	ST	d	(OR AS A CONS	SEGUENCE (	ory:										
3			u.													
4	PART II. Other eignific	ent condition	na contributing to	death but no	t reaulting	in the u	nderlyir	ng cause	given in	Part i.	24a, WAS AN PERFOI		24b	AMAILABLE PRIOR TO		
5 [	-									—	1 TYES	NO 📉				
M														1 YES 2 NO		
Ž										100						
3	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	and topological		OTHE	R:			heck only or		_				
PHTSICIAN:	1 ☐ YES 2 ☑ NO		1 Inpatient 2		3 DOA 26b. TII		_		lealdence	6 Othe		N 415W 00	NO LINED			
	1	Pending		Day, Year)	200. IN	JURY M	W	ORK?		280. DES	CHIBE HOW	INJUNT OL	COHED			
ā	2 Accident 3 Suicide	Investigation	26e. PLACE	OF INJURY — AI	home, farm,	street, fac				261, LOC	ATION (Street	and Numbe	er or Rumi	Route Number,		
3	4 Homicide	Could not be determined	building	, etc. (Specify)			,			City	or Town, State	)		,		
COMPLETED	cont only		ICIAN: To the best of											s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)							D (Month, Day, Year)									
ן מ	Jay &	erstente	th, M.D	) .				D	20	724		•	04-0	4-92		
2	30. NAME AND ADDRESS	OF PERSON WI	O COMPLETED CAN	JSE OF DEATH (I	TEM 27) (Typ	e, Print)	(D)	Δ.,	2	24	, M.	3.5	- 0			
	Dr. Jay C		DIITH, M	AR'S SIGNATURE	54>>	WIL	FN7	LIV	E, D	NLIZ	, MD	212	. 27			
Dr. Jay Gerstenblith, M.D. 3455 WILKENS AVE, BALTO., MD 21229  31. DATE FILED (Month, Day, 16ar)  APR 6 392  32. REGISTBAR'S SIGNATURE  Filed (Month, Day, 16ar)  APR 6 392																

21215-0020

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified

2

	1 - STATE REGISTRAR		<u> </u>	ERTIF	ICATE O	F DEA	TH	R	EG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)		2 1 61					2. DATE OF I	05-	Y 0.2	YEAR	3. TIME OF DEATH			
			lifto					_		92		M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		MONTHS DAY		R 24 HRS.	7. DATE OF E (Month, De 05-1			Country	LACE (State or Foreign			
	212-50-1356	1 □ M 2 🔯 F	90	YRS.					8-02			st Virginia			
_	9e. FACILITY NAME (If not institution, give				9b. CITY, TOW			EATH			ITY OF DE				
O	3472 Uniontown 1			Wes	tmisn	ter			Ca	rrol	1 County				
딦	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY			
DIRECTOR	Maryland Carro										- 1	LIMITS?			
	10e. STREET AND NUMBER	orr court	2		estmisn	101. ZIP COD	Œ			10g. CITI		HAT COUNTRY?			
FUNERAL	3472 Uniontown	Road				21	158				U.S.	Α.			
N	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS I	ECENDENT	OF HISPAI	NIC ORIGIN? (S	pecify Yes		No- 14. RACE — American Bleck, White, etc.				
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE V	YES 2	Mo		specify Cub		n, Puerto Ricar	n, etc.)		-				
ВУ	3 Widowed 4 Divorced				1	20 2 (24.10	Ороси	,.			opeon,	White			
ED	15. DECEDENT'S EDU (Specify only highest grad		16a.	DECEDENT'S	USUAL OCCUP	ATION	ina	16b, KJN	D OF BUS	INESS/IND	USTRY				
E	Elementary/Secondary (0-12)	College (1-4 or 5		ilfe. Do NOT u	se retired.)	mod or work									
MPI	4			Home	emaker				Dome	estic	;				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	AME (First, Midd	le, Meiden	Surname)					
BE	Alfred H.	_Hammeric	k				Mary	Ann Ba	arkei						
10	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Stre										
	Mrs. Lula Mae K	nisley	_		Uniont		oad								
	20a. METHOD OF DISPOSITION  1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Ren	noval from State			or other place)  Memor			OATE		CATION —					
- 3	4 Donation 5 Other (Specify)	IOTHORE	_ Lake	e Viet		IAL P			Syl	kesvi	.IIe,	MD			
		A. Ala	· - 6.	1				ral Ho	ne (	(P.O.	Box	195)			
	Duan	a, Ha	igu	7	S	ykesv	ille	, MD 2	1784	(410	)-79	5-1400			
	23. PART I. Entar the diseases, or ahock, or heart failure.				not antar tha	moda of d	ying, euc	ch ee cardiac	or reapl	ratory en	rest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Finel				KI	. (						Onset and Deeth			
	disease or condition resulting in death)	3W	bll B	owel	033	nuct	w					Hours			
		DUE TO	(OR AS A CONS	SEQUENCE C	Perito										
Z	Conventially list conditions	b. Ao	hesion	01	Perito	neum									
TIC	Sequentially list conditions, if any, leading to immediate	DUE TO													
2	Cause, Entar UNDERLYING CAUSE (Disease or Injury	c.	OR AS A CON		unal S	urger	4								
E	that initiated events resulting in death) LAST	DOE 10	(OR AS A CON	SECUENCE (	PF):										
CERTIFICATION		d										+			
	PART II. Other algnificant condition	ne contributing to	daath but no	noithmen to	In the under	ying cause	given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO			
2	malnutrith				Jun	w y	myn	<u> </u>	YES 2			COMPLETION OF CAUSE OF DEATH?			
MEC	Multi Ruforet	Dement	a		4	00						1 TYES 2 NO			
ä	Chunz In	dwelling	Foley	Cell	7										
NA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	0	0			. PLACE OF	DEATH (C	heck only one)							
SIC	1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Home 5	Residence	6 C Other (S	pecify)						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE Of (Month, i		28b. Til	ME OF 28c	INJURY AT WORK?		28d. DESCR	BE HOW I	NJURY OC	CURED				
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2	□ NO								
ED E	3 Suicide 8 Could not be		OF INJURY At etc. (Specify)	home, farm,	street, factory,	office			ON (Street (		r or Rural F	loute Number,			
ETE	4 Homicide determined														
COMPLET	29a. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.														
Σ	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
0	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, I														
BE CO	29b. SIGNATURE AND TITLE OF CERTIFI	ER	400	7)		29c. LI	CENSE NU			29d, DAT	TE SIGNEO	(Month, Day, Year)			

29c, LICENSE NUMBER 3368/ 29d. DATE SIGNEO (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER PHYSICIAN 92 ATTENDING 6

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SYKESVILLE MD MCBroy 1229 21784 M.K PO BOX

22. NEGISTRANT SIGNATURE 31. DATE FILED (Month, Day, Year) '92 APR

	FOR
-	STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	REGISTRAR		CE	RTIF	ICATE OF	DEA		WEIT IME	REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	·-		3. TIME OF DEATH		
	Lester Valo	demear C	anle					MONTH	D	MY	YEAR	1210° PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	. b.l.ab.d. 1		I		04		2	92			
	216-07-4382	1) M 2   F			IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS.	7. DATE ( (Month)	Day, Year)		a, BIRTI	IPLACE (State or Foreign		
			92	YRS.				4	17 1	899	MI			
	9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH					9c. COL	JNTY OF D	EATH		
S	1621 Old Westn	ainster	Pike		West	mine	ter	•		Car	rrol	7		
5	RESIDENCE OF DECEDENT				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		001			J Oa.	1101	. 4		
DIRECTOR	10e. STATE 10b. COUNT		t0c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY			
	MD Car	rroll			West	mins	ster	•				LIMITS?		
7	10e. STREET AND NUMBER				f. ZIP COOL				10a CIT	IZEN OF I	WHAT COUNTRY?			
8	1621 Old Westm	instan	Piko			2115	7					THE COUNTRY!		
FUNERAL	11. MARITAL STATUS	7	T EVER IN U.S. ARI	HED	1 40 1110 00						.S.			
	1 Never Merried 2 Married	FORCES? 1	YES 2 N	0	If yes, s	pecify Cube	r HISPAN n, Mexican	IIC ORIGIN: n, Puerto R	(Specify Yelicen, etc.)	e or No-	14. RACI Blac	E — American Indian, k, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES		1 🗆 YE	2 X NO	Specify	,.			Spec	thy;		
	15. DECEDENT'S EDU	ICATION			1					Specify, White				
쁘	(Specify only highest grade	completed)	/G/n	ve kind of	USUAL OCCUPATI work done during m	ON ost of workin	g	16b.	KIND OF BU	SINESS/IN	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)		se retired.)			1_						
B			WO:	rkei	/maint	enar	ice	Co	ngol	eum/	man	ufacturing		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	HER'S NAM		iddle, Meiden					
BE	Jacob F. Caple	3				Mar	VE	. We	staw	va v				
	194. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	and Number	or Rural R	Poute Numb	or City or Tow	n State Zi	n Corle)			
임	Mrs. Marlene D	ull										, MD 21158		
	20s. METHOO OF DISPOSITION				OF DISPOSITION (N				20c. LO					
	1X Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	ovel from State	cemetery, crem	natory or o	int Chu	erne or	<i>a</i>	DATE	206. 10	CATION —	City or To	wn, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENCEE	- Dand	y mo t	int Chu	ren	Cem	. 4/	4 11	nks	ourg	, MD		
	L. State of Foreign Schiller Di	DENGEE			22. NAME A	t a	S OF FAC	real	Home	2 (	Than	0.7		
	Rober	t K. Pr	itts. S	Sr	112	Wash	ing.	ton	DA	Mod	oma p	nster, MD		
	23. PART I. Enter the diseases, or	complications that	t ceueed the dee	eth. Do i	not enter the mo	de of dvi	no auch	es cerdi	ac or man	retory or	3 UIIII	Approximete		
	anock, or neert tellure.	Liet only one cau	se on each line.		11,		g,	· oa cora	ac of feep	natory ar	reat,	Interval Between		
- 1	IMMEDIATE CAUSE (Finel disease or condition	0	1.		4	C .						Onset and Death		
	reaulting in desth)	e. COM	gestive	, H	reart	rail	ure	-						
		DUE TO	(OR AS A CONSEQ	UENCE O	F):									
2	Sequentielly list conditions,	b. H3	CVD	with prior myocard						eliv	ntar	ction		
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSEQ	UENCE O	F):									
2	CAUSE (Disesse or Injury	C												
쁜	that initiated evente	OUE TO	(OR AS A CONSEQ	UENCE O	F):									
	resulting in deeth) LAST	d										1		
	PART II Other eignificent condition	to contribution to	de sab bus sea	***										
DICAL	PART II. Other eignificent condition	is contributing to	deeth but not re	eulting	n the underlyin	g cause g	iven in F	Part I.	24e. WAS AN PERFOR	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă I									t YES 2			COMPLETION OF CAUSE OF DEATH?		
삫								_ 1			l	1 TES 2 NO		
-								_ [						
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				28 PI	ACE OF OR	EATH (Char	ck only one	1					
잃။	EXAMINER?	HOSPITAL:	Senso Annua of	7	OTHER:	V								
¥∥	27. MANNER OF DEATH	28e. DATE OF		28b. TIM	4 Nursing Hon	-		6 Other						
- 10	1 Natural 5 Pending	(Month, Da	ny, 16ar)		URY WO	RK?		28d. DE\$0	RIBE HOW I	NJURY OC	CURED			
à l	2 Accident Investigation				-M 1 🗆		NO							
- 11	3 Suicide 8 Could not be	28e. PLACE Of building.	F INJURY — At hone etc. (Specify)	10, lerm, 1	treet, factory, offic	•		281. LOCA	TION (Street a Town, State)	nd Number	or Rural F	oute Number,		
	4 Homicide determined								ionii, olaley					
ון ב	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the bast of	my knowledge des	th occurr	d at the time date	and alone			4-24					
\$	(Check only one) 2 MEDICAL EXAMINE	SICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  ER: On the baste of exemination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e)												
COMPLETED				. verigatio	, my opinion, d	-am occur	ru at line ti	ume, date s	na place, en	a due to th	e cause(e	end menner ee stated.		
H H	296. SIGNATURE AND TITLE OF CERTIFIES		1			29c LICE	HSE NUME	0EH		29d. DAT	E SIGNED	(Month, Day, Year)		
ဋ ူ	James To	18 betch	MI			103	35	1-1		D L	- 2	-92		
	35-NAME AND ADDRESS OF PERSON WH		E OF DEATH STEM	27) (You	Print)		-							
	James L. Fors	berg in	7 91:	2 4	ashing	tour ?	Road	1 W	estni	inch.	- IA	D 21157		
	31. PATE FILEO (Month Char. Year)	32 FEGISTRA	R'S SIGNATURE		(1	1001		1		1 1/2 /	100			
	4PK > 92	gina David	son-Randal	2	9									

in use as the bunal-transit permit. Pages 1, 2, 3 should or attending physician. 21215-0020 BALTIMORE, MA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1 - FOR STATE REGISTRAR

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BOX	4464
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S.	46.24
F VITAL RECORDS, P.O. BOX 68760	a law raceirae that the death cardifords he was an thing of
_	in a
2	The
>	MAN.
5	DO ATTENDING PHYSICIAN
<u>S</u>	IDING
DIVISION	ATTEN
5	90

	1. DECEDENT'S NAME (Fir	st, Middle, Last)				TOATE		DEATH	0.0475	HEG. I		-		
		ANCES		COLL	Y LIAS				MONTH		DAY	YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday		1 YEAR	IF UNDER 24 HRS.	0.3	OF BIRTH	31 1	992	2239 P	
	219 54 41	E 7	1 - M 2 XX	74	YRS.	MONTHS	DAYS	HOURS MIN.	(Month	, Day, Year)		Country	PLACE (State or Foreign )	
	9a. FACILITY NAME (If not	and the same of th	street and number)	/4		9h CITY	TOWN	OR LOCATION OF	07	-26-			MD	
Œ I	a de la companya de l					1			DEATH			INTY OF OE		
CTOR	MEMORIAL RESIDENCE OF DE	CEDENT	PAL			CUN	18 5	RLAND			A	LLEG	ANY	
DIRE	10a. STATE	10b. COUNT	Y		10c. CI	10c. CITY, TOWN OR LOCATION								
ā	MD	All	Legany			lumbe	rlar	Бо				5	LIMITS?	
A	10e. STREET AND NUMBER					ZOTTIES C.		f. ZIP CODE			10g. CIT		HAT COUNTRY?	
FUNER	43 Virgin	nia Ave	enue					21502			TT	SA		
5	11. MARITAL STATUS		12. WAS DECEDER			13. 1	WAS DEC	CENOENT OF HISP	ANIC ORIGIN	? (Specify	Yas or No-		— American Indian,	
BY	1 Never Married 2			I ☐ YES Ž	XNO	1	If yes, sp	cocify Cuban, Maxis 2 XXVIII Spec	en, Puerto R	lican, etc.)		Black, Specify	White, atc.	
	3 Widowed 4- Div	vorced						-1220	,			эресну	white	
ETED	15. DE (Specify or	CEDENT'S EDU	ICATION completed)	18a,	OECEDENT'S	work done o	CCUPATI	ON ost of working	16b.	KIND OF	BUSINESS/INC	DUSTRY	Will CC	
<b>"</b>	Elementary/Secondary	(0-12)	College (1-4 or 5		life. Do NOT	use retired.)	ourng m	ost of working						
COMPL	12				homer	maker				OWN	home			
8	17. FATHER'S NAME (First,	Middle, Last)						18. MOTHER'S N	AME (First, M	liddle, Maid	len Sumame)			
BE	Joseph		er					Min	nie J	. Boy	wers			
0	19a. INFORMANT'S NAME	(Type/Print)			19b. MAILIN	G ADORESS	(Street a	and Number or Rura	Route Numb	er, City or 1	Town, State, Zip	Code)		
-	Terry Bla				Upper	r Hom	ewo	od LaVal	e, MD	215	02			
	20a. METHOD OF DISPOSI 1.A. Burlel 2 Cremati	TION Ion 3 - Rem	oval from Stale	20b. PLAC	EANDDATE	OF OISPOS	ITION (No	ame of	OATE	20c,	LOCATION -	City or Tow	rn, State	
	4 Donation 5 Othe	r (Specify)		Davi	s Men	oria.	1 Ce	emetery	4-4		Cumber	rland	- MD	
	21. SIGNATURE OF FUNER.	AL SERVICE LIC	CENSEE	1		22.1	NAME A	ND ADDRESS OF F						
	De Von	11	Maria.	~n 11	/,'		Scar	pelli F	unera	1 Har	ne			
	23. PART I. Enter the capacity of	diseases or	omnilcetions the	Auri	do eth. De		Cumb	perland,	MD 2	1502				
	SHOCK, OF	lesit lanure.	List only one csu	use on each li	ne.	not enter	me mo	ide of dying, su	on as card	sc or res	spiratory sri	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fi	inai	0		A	of		0					Onset and De	
ı	resulting in death)	$\rightarrow$	s. Corr	van	U	May		Line	are					
_ #			00E 10	(OR AS A CÓNS	EOUENCE C	DF): (								
5	Sequentially list condi		b	(OR AS A CONS	EQUENCE O	ME) -								
₹	If any, lesding to imme cause. Enter UNDERLY	ring		,	20021102	,, ,.								
	CAUSE (Disease or Inj that initiated events	ury	c. OUE TO	(OR AS A CONS	EOUENCE O	OF):								
ERTIFICATION	resulting in death) LAS	ST TE											İ	
υ I			0,										+	
DICAL	PART II. Other signific		s contributing to	desth but not	resulting	In the un	derlyln	g ceuse given in	Part I.		AN AUTOPSY ORMED?		WERE AUTOPSY FINDING	
를 <b> </b>	Cardi	0 - M	ulmono	5	nes					1 YES			WAILABLE PRIOR TO COMPLETION OF CAUSE	
				,							a ga no	- 1	OF DEATH?	
<u>.</u>													YES 2 NO	
Ž I	25. WAS CASE REFERRED T	TO MEDICAL					26. PL	ACE OF DEATH (C	heck only one	)				
PHYSICIAN:	1 YES 2 NO		HOSPITAL: 1 Inpetient 2	ER/Outpatient	3 12 DOA	OTHER	1:	e 5 🗆 Residence						
	27. MANNER OF GEATH		28a. DATE OF	INJURY	28b. TIN	AE OF	28c. 1NJ				V INJURY OC	CUREO		
- 10		Pending Investigation	(Month, D	lay, Year)	IN.	JURY M	WO	RK7 (ES 2 NO	377. 133			561125		
e l	2 Accident 3 Suicide g	Could not be	28e. PLACE O	F INJURY — At I	home, tarm,	street, facto			28f. LOCA	TION /Stree	et and Number	or Bural Box	ute Number	
	4 Homtcide	determined	building,	etc. (Specify)					City or	Town, Sta	fe)		10,710,000,	
וי	29a. CERTIFIER	TIFVING DHYSI	CIAN: To the heat of											
COMPLET	(Check only one) 2 MED	ICAL EXAMINE	CIAN: To the best of	my knowledge, o	death occurr	ed at the lir	me, data	and place, and du	to the caus	e(a) and m	tenner as stat	ed.		
3	-			Authorition and/o	r mvestigate	on, in my op	pinion, d	eath occured at the	time, data a	ind placa,	and due to th	e cause(a) i	and manner as stated.	
	296, SIGNATUME AND TITLE	E OF CERTIFIER		1		1		29c. LICENSE NU	MBER		29d, DATI	E SIGNED (	Month, Day, Year)	
	produce	nam	3 41	run	ML,	4	200	D14865			1 1	+-1	-92	
-	30. NAME AND AODRESS O	F PERSON WH	O COMPLETED CAUS	SE OF DEATH (IT	EM 27) (7) pe	, Print)						1		
	Dr. Dohus	-iono	I Parror	co M D	Mos	morio	<del>1 H</del>		Q1		. 7 3.00	015	00	
1	31. DATE FILED Month, Day,			TH'S SIGNATURE	• /	mor 10		ophital,	- Cumb	erla	nd, M	215	<del>U</del> 2	
1	ADD 0 9		32. REGISTRA		• /			ospicar)	- Carries	CE ACC	107			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 10474

DHMH-16 Rev 1/89

47.101.53

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,	TO BE COMBIETED BY BUYERCIAN, MCDICAL OFOTICICATION
examiner must be m	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be m
he funeral director, page al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be m	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be imported that the control of the
(	

	FOR 1 - STATE REGISTRAR		STATE OF !	MARYLAND C	/ DEPAI	RTMENT	T OF H	IEALTH DE A	AND	MEN		GIEN		? 1	0475	
	1. DECEDENT'S NAME (First	, Middle, Lasi)							•	2. D	ATE OF DE	ATH			3. TIME OF DEA	TN
	SUZ	ANNE	M CHA	THAM						Ö	3	18		92	2:37	РМ м
	4. SOCIAL SECURITY NUME	SER	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. D.	ATE OF BIR	TH ther!		8. BIRTI	NPLACE (State or F	ioreign
	199-18-64		1 M 2 F	6	6 YRS.	WONTING	DATE	HOURS	MIN.	0	8/06	/1	925	MA	RYLAND	
~	9a. FACILITY NAME (If not in					122		OR LOCATI	ON OF DI	EATH				NTY OF E		
Į,	G.B.M.C.,		N.CHARL	ES STE	REET	T	ows	ON					BAI	TIM	ORE	
DIRECTOR	10a. STATE	10b. COUNTY	1		10c. CI	Y, TOWN C	OR LOCAT	TION				_			10d. INSIDE CIT	Y
	MARYLAND WICOMICO					SAL	ISB	URY							LIMITS?	KNO
IAL	10e. STREET AND NUMBER						10	. ZIP COD	E				10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	1206 ORCH					218	301					U.	S.A.			
J.	11. MARITAL STATUS  1 Never Married 2 X	Married		YES 2	NO						IGIN? (Spec rto Rican, e		or No-	14. RAC Blac	E American Ind k, White, etc.	len,
BY	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES A				2XXNO				,		Spec	WHITE	
	15. DEC	EDENT'S EDU	CATION	16a, C	ECEDENT'S	USUAL O	CCUPATIO	ON			16b. KIND (	OF BUS	INESS/INC			
ET	(Specify only Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	- 4	Give kind of le. Do NOT u	work done ( se retired.)	during mo	ast of world	ng	- 1						
MPI	12 yrs.			K	UHNS	JEV	JELI	ERS								
TO BE COMPLETED	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (Fi	rst, Middle, A	Meiden	Surname)			
A	OTHO HAR		ASON		_						LE M					
0	JOSEPH CHA			1	9b. MAILING											
	20%, METHOD OF DISPOSIT			20h PLACE	ANDDATE				IRC				BUR CATION —		MD. 218	301
	A □ Donation 5 □ Other	n 3 🗌 Reme	oval from State	cemetery, c	rematory or o	ther plece)				1 7	/21					,
	21. SIGNATURE OF FUNERA	L SERVICE LIE	SHISEE /		21 0				SS OF FA					1.7		
21. SIGNATURE OF FUNERAL SERVICE USENSEE  22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME  501 SNOW HILL RD. SALISBU:								21801								
	23 PART I. Enter the di	seases, or o	omplications the	sused the d	leath. Do	not enter	tha mo	de of dy	ing, suc	h as c	cardiac or	respi	ratory sn	rest,	Approxim	
	ehock, or he IMMEDIATE CAUSE (Fir	eart fellure.	List only one	on each lin	10.							•		,	Interval E	letween
	disease or condition resulting in death)		SEPS	IS. MU	LTI-	ORG.	AN	N FAILURE							4 DA	YS
	,		DUE TO	(OR AS A CONS												
N N	Sequentially list conditi	ons.		HOSIS								2 YE	ARS			
AT	if any, leading to immed cause. Enter UNDERLYI			NIC HE			C								10 Y	FADO
E	CAUSE (Disesse or Inju that initiated events	ry		(OR AS A CONSI			· ·								10 1	EARC
CERTIFICATION	resulting in death) LAS	T .	1													
- 1	PART II. Other significs	nt condition	contributing to	death but not	maultino	in the un	darlula			Don't I				Lau		
8	OPERATION								given in	Part I	P	ERFOR		246	WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF	TO
ED			11/12	1100222	,	, 1,1111	1100				101	/ES 2	No		OF DEATH?	
2															1 🗌 YES 2 👺	MO.
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF O	EATH (Ch	eck onl	y one)					
SIC	1 TYES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		e 5 □ Re	sidence	6 🗆 0	Other (Specif	(y)				
E	27. MANNER OF DEATH		28s. OATE OF (Month, D		28b. TIN		28c. INJ			_	OESCRIBE		JURY OC	CURED		
BY		Pending Investigation	110000			М	1 🗆 1	YES 2	NO.							
		Could not be	28e, PLACE O building,	F INJURY — At h atc. (Specify)	ome, farm,	street, facto	ory, offic	•		28f. [	LOCATION (S City or Town,	Street a State)	nd Number	or Rural I	Route Number,	
E !								1127								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.															
00			t: Un the basis of a	xamination and/or	Investigation	in, in my o	pinion, d	eath occur	red at the	time, c	dete and pla	ice, en	due to th	due to the cause(e) and manner as stated.		stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	Den A						238		2		29d. DAT	BIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF GEATH (IT	U .	Print)		_					-3	118	146	
, ,	GBMC, C	701	N. Cha	Ms St	. B	itti	12	1,0	nd	-	2120	54				
IU	31. DATE FILED (MANIE. Day.	2"0 199	2 Fina	Laurdson-	Mande	02		1								

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ì	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director and	`	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be conflicted.	TO BE C
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DIES III	signed	Health	WE an	MEDI
ישא ובח	as been	Sept. of	23 sh	AN: A
W. Hit	ficate h	State	r Item	SICI
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מווווס ב	: After 1	death	s mar	D BY
A ALIE	RECTOR	urs after	m 28	ETEI
TIME OF	RAL DI	1 22 hor	F. If Ite	MPL
32	E FUNE	d within	RTAN	E CO
10 THE MOSTIAL ON ALLENDING PRISIDIAN. THE ISM TEQUINES DISCUSS OF EXECUTED WITH 24 HOURS SHE GEAL. PAGE	H CL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPO	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Vijay Subramanian

31. DATE FILED (Month, Day, Year)
4/4/2/2/2/2/5 1992

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF I		MENTAL	HYGIENE	9	32	10476	
	1. DECEDENT'S NAME (First, Middle, Last)  Carmichael	Bab	y B	oy		2. DATE (	OF DEATH DAY	9 9	3.	1100 M	
		5. SEX 6. AGE (In )	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN. 26	7. DATE ( (Month,	Day, Year) 4/9/9		Country)	ce (State or Foreign	
OR	Sa. FACILITY NAME (If not institution, give street  Washington Adv RESIDENCE OF BECEDENT			96. CITY, TOWN Takoma	Park	ATH		9c. COUNTY Mont	of DEATI		
DIRECTOR	10e, STATE 10b, COUNTY	lontgomery	10c. CIT	y, town or Loca Silver					100	1. INSIDE CITY LIMITS? YES 2 NO	
BY FUNERAL	10c. STREET AND NUMBER  75 F. Wayne Ave.	#w80.7			20901			USA			
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FDRCES? 1 TYES IF YES, GIVE WAR OR DATE	2 ND	If yee, s		IENT DF HISPANIC ORIGIN? (Specify Yes or No— (Cuban, Maxican, Puerto Rican, stc.)  NO Specify:  Black					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  (She kind of work done during most of working life. Do NOT use ratired.)  (Ghe kind of working most of working life. Do NOT use ratired.)										
BE COM	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Melden Surname)  Amanda Carmichael										
5	19a. INFORMANT'S NAME (Type/Print) Robin Tull  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 7600 Carroll Ave., Takoma Park, MD 2091										
	20e. METHOD DF DISPOSITION  1	rel from State	LACE OF DISPOS ther place)	SITION (Name of ce	metery, cremetory or		20c. LOC	CATION - City	or Town,	State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
		Et reme	h lina. Pren	natur						Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):										
CERT	resulting in death) LAST										
PHYSICIAN: MEDICAL	PART II. Other elegificant conditions contributing to death but not resulting in the underlying cause given in Part I. 246 W								CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
SICIAN		HOSPITAL:	lore 2 DOA	OTHER:	LACE DF DEATH (Ch		-				
BY PHY	27. MANNER OF DEATH Natural 8 Pending	CRIBE HDW IN	LIURY OCCUP	REO							
	2 Accident investigation 3 Suicide 6 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office bullding, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as attend.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as attend.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as attend.										
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DA  1 196 77										onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (7/0)	Print)			1	-			

7610 Carroll Ave. Takoma Park, MD 20912

THE STRANG PLANTS

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
may be	or, page		et pe
Page 6	al directo		ner mu
or death.	he funer	al.	exami
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cuted wi	d comple	urial, cre	lic ever
e be exe	sician an	nor to b	trauma
certificat	fing phys	ygiene p	other
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s that th	ned by t	alth and	amy in
require	been sig	t, of Hea	Shows
The lav	ate has	tate Dep	tem 23
YSICIAN	s certific	th the S	10 'p
HI SNIC	After this	death wi	marke
ATTEN	RECTOR:	irs after	m 28 is
PITAL OF	ERAL DIF	n 72 hou	T: If ite
THE HOS	THE FUNI	iled with	PORTAN
2	2	200	Ē

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	ARTMENT OF	HEALTH AND	MENTAL HYGIE		1047	1			
	1. DECEDENT'S NAME (First, Middle, Last, Helen Mador					2. DATE OF DEATH MONTH April 3.		year 7:30 P.	м			
	4. SOCIAL SECURITY NUMBER 220-09-7265	5. SEX 6. AGE	(In yrs. last birthda) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Dec. 4, 1	045	BIRTHPLACE (State or Foreign Country) aryland				
ECTOR	8. FACILITY NAME (If not institution, give Washington County RESIDENCE OF DECEDENT				OR LOCATION OF D	DEATN		of DEATH Shington				
DIR	Maryland Wash	nington		gerstown				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	101 Surrey Aveni	-			21740		USA	EN OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	II yes, s	CENDENT OF NISPA pecify Cuben, Mexic 8 2 NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	fes or No- 1	4. RACE — American Indian, Black, White, etc. Specify: White				
PLETED	15. DECEDENT'S EDI (Specify only highest grad 1 Flementary/Secondary (0-12) 1 Years	USINESS/INDU	DUSTRY									
BE COMPLET												
TO B	190. INFORMANT'S NAME (Type/Print) Dorothea M. Chat		19b. MAHLIN 18739	Rolling	Rolling Road Hagerstown, Maryland 21740							
	20a. METNOD OF DISPOSITION 1A) Burlisi 2 Cremetion 3 Remove from State 4 Disposition 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Completery or other place)  At Olivet Cemetery  20c. LOCATION — City or Town, State  4/6 Frederick, Maryland											
	Eginle 01	. Minne	ch	Funer	NO ADDRESS OF FA LO N. Mir cal Home	На	gersto	otomac Street wn, Maryland				
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition a. Constitute from the factor of the condition and Desth of the condition are suiting in death)  DUE TO ARR AS A CONSEQUENCE OF:											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PROPERTY.											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	patternt 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch	8 Other (Specify)						
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)		ME OF JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCU	RED				
ETED.	2 Actions 3 Suicide 6 Could not be determined  28s. PLACE OF INJURY — At home, larm, street, lectory, office  28s. PLACE OF INJURY — At home, larm, street, lectory, office  City or Town, State)											
(Check only 1) CERTIFYING PRYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and ma												
TO BE	WSHO	od, M.D.	ATH (ITEM 27) (Ive	an Prints	D 2/4	MBER 10	29d. DATE S	GIGNED (Month, Day, Year)				
	249 Mills 31. DATE FILED (Month, Day, Year)	A 32. REGISTRAR'S SIGN	gerstru ATURE	nn								
BE COMPLET	29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year, D. 2) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner examination.  29d. DATE SIGNED (Month, Day, Year, D. 2) And D. 2) And D. 2) And D. 2) And D. 2) And D. 3) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  And D. 3) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  And D. 3) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  And D. 3) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											

££3,00, 50

Act III

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last	,	1			2. DATE OF DEATH	AV V.	3. TIME OF DEATH
		Elizabeth Cu				March 6,	1992	AR 8 P. M
	4. SOCIAL SECURITY NUMBER 217-56-1832			ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.8	SIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		YRS.			Oct. 7, 1		Md.
H			1		R LOCATION OF D	EATH	9c. COUNTY	
CTO	Citizens Nursin	ig nome		Fred	erick		Fre	derick
DIRECTOR	10a. STATE 10b. COUN			TOWN OR LOCAT				10d. INSIDE CITY
	100. STREET AND NUMBER	Frederick		Frederi				TXXYES 2 NO
FUNERAL	1421 Taney	Δνιο		101	21702			OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes	U.S.A	RACE — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	2 NO Specific	en, Puerto Rican, atc.)		Black, White, etc.
		1			27/4			WILLE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	fe completed)	(Give kind of wor life. Do NOT use if	k done during mo	N st of working	16b. KIND OF BU	SINESS/INDUST	RY
PL	Elementary/Secondary (0-12)	College (1-4 or 5 +)	house			orm h		
Ö	17. FATNER'S NAME (First, Middle, Last)		nouse	wile	18. MOTNER'S NA	OWN I		
BE	William Hig	don			Clar	a Rohrback		
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		0)
	Fran Taylor					Middletown		21769
	1 M Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	PLACE AND DATE OF	DISPOSITION (Na.	me of		CATION — CHY	lle, Md.
	21. SIGNATURE OF FUNERAL SERVICELL			22. NAME AN	D ADDRESS OF FA	CILITY		
	VIUNOS 1	Lond		Don	ald B. T	hompson Fu	meral 1	Home
П	23. PART I. Entar the diseases, or	complications that caused	tha daath. Do not	entar tha mor	da of dving, suc	St., Middl	etown,	Md. 21769
	ahock, or haart failure. IMMEDIATE CAUSE (Final	. List only one cause on ea	ach lina.				,	Interval Batween Onset and Death
	disease or condition resulting in death)	COPR	~ / Co2	2 17	aluse	_		3mag
		DUIL TO FOR AS A	CONSEQUENCE OF):					2
O	Sequentially list conditions,	b	CONSEQUENCE OF:					
AT	if any, lasding to immediata cause, Entar UNDERLYING	50E 10 (011 NS X	CONSEQUENCE OF):					
Ħ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d						
AL C	PART II. Other significant condition	na contributing to death be	ut not resulting in	tha underlying	cauae givan in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
200						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME								OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDIC								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	1~0		ACE OF DEATN (Ch			
HYS	1 YES 2 NO	1 Inpatient 2 ER/Output 28a. DATE OF INJURY	28b, TIME C			6 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WOR	RK?	28d. DEŞCRIBE NOW I	NJURY OCCURE	J.
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— Al home, farm, atre			281. LOCATION (Street a	and Number or Ru	ral Route Number,
	4 Homicide detarmined	bollang, atc. (speci	'Y)			City or Town, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYS	HCIAN: To the best of my knowle	edge, death occurred a	it the time, date	and place, and dua	to the cause(e) and man	ner as stated.	
Š	one) I MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation, i	in my opinion, de	ath occured at the	time, date and place, an	d due to the cau	se(e) and manner ae stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	3/11			29c. LICENSE NUM	MBER	29d. DATE SIG	Montp, Day, Year)
٥ ا	N HAND AND STORY OF 1	men	In	5	D139	71	3/1	3/92
1	THE NAME AND ADDRESS OF PERSON WI	CAUSE OF DEA	ин (ITEM/27) (Туре, РП	int)			1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					
	MAR 1 3 1992 5	32. REGISTRAR'S SIGN	مالات					
¥	30. NAME AND ADDRESS OF PERSON WE		TH (ITEM/27) (Type, Pri	m) S	V . J . 1	, ,	1	4/12
	MAR 1 3 1992 5	www.lson-Mana						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pury after death. Page 6 may be retained by the hospital or attending physician.	nurs after death. Page 6 may be retained by the hospit
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely their in by the funeral director, page 5 should be detached for use as the burial-trans be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or number.	ned in by the funeral director, page 5 should be detached for amount
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

Inc.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENE REG. NO.			. 0 1 7 3	
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE C	F OEATH		3.1	TIME OF DEATH	
	JAMES A.	CORBIN				MONTH	3 - 2	7-92 YE	AR	7:03 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In )		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8. 9	BIRT HPLA	CE (State or Foreign	
	225-32-9690	1 x M 2 □ F 63	YRS. MON	THS DAYS	HOURS MIN.	7 -	10-28	`	Vir	ginîa	
1	9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN C	R LOCATION OF DE	ATH		9c. COUNTY			
BY FUNERAL DIRECTOR	Peninsula Reg	ional Medica	1 Cente	r	Salisbu	ury		Wic	omi	СО	
JE C	10a. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCAT	ION		10d.			I. INSIDE CITY LIMITS?	
高。	VA Ac	comack.	Te	mpera	ncevil	16			1[	YES 2 XNO	
A.	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?	
品	P.O. Box 305				23442			US	iA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1 TYPES			ENDENT OF HISPAN			or No — 14.	RACE - A	American indian, hile, etc.	
λ.	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S		2 XNO Specify				Specify:	Elack	
	15. OECEDENT'S EDI	ICATION I	Ba. DECEDENT'S USU	AL OCCUPATIO	MI	100	KIND OF BUSH	NEGO (INDIIO)		ATACK	
COMPLETED	(Specify only highest grad	(e completed)  College (1-4 or 5+)	(Give kind of work of the Do NOT use reti	done during mo	st of working	166.	KIND OF BUSH	NESS/INDUS	MY		
PLE	Elementary/Secondary (0-12)		- 1 -	Canni	nα						
M	17. FATHER'S NAME (First, Middle, Last)		1/65 6	ired	18. MOTHER'S NA	_					
S	Randolph Corb	în				rance		hin			
BE	19a, INFORMANT'S NAME (Type/Print)										
2	19a. INFORMANT'S NAME (Type/Print)  Bertha M. Corbin  P.O. Eox 305 Temperanceville, VA 23442										
	20a METHOD OF DISPOSITION (Name of correction commence or 20a LOCATION City or Town State										
	1 XBuriel 2 Cremetion 3 Removed from State 4 Donation s Other (Specify)  Groton Community Cemetery  Messongo, VA										
7.74	21. BIGNATURE-OF FUHERAL APRINGE U	CILITY				- , ,					
	6. 11/11	16. 11	C.	C. Huml	bles	Fune	ral S	erv	îce		
_	amour 1	VA	23301								
	And the sease of complications that seased the death. Do not anter the mode of dying, such as cardiec or reapiratory arreat, in the EDIATE CAUSE (Final disease or condition reaulting in death)  a. Concessor Fault Fau										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CARIC OUE TO (OR AS A C  DUE TO (OR AS A C		PATI	4						
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	F all		ne underlyin	g ceuse given in	Part i.	24s. WAS AN AUTOPSY PERFORMED?			RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
N.	l										
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch						
YS	1 TES 2 NO	1 Alinpatient 2 ER/Outpati		-	e 5 Residence						
	27. MANNER OF DEATH  1 X Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT	28d. DE\$	CRIBE HOW IN	JURY OCCUR	ED		
BY	2 Accident investigation	28e. PLACE OF INJURY —	44.5		YES 2 NO		T. D	444	2 10 -		
8	3 Suicide a Could not be	building, etc. (Specify		t, factory, offic	•	City o	TION (Street and Town, State)	na Number or I	HURII HOUR	Number,	
E											
COMPLETED	Tondon only	SICIAN: To the best of my knowled IER: On the basis of axamination a							auso(s) ar	d manner as stated.	
8	296. SIGNATURE AND TITLE OF CERTIFI	10101	6 , N	11	29c. LICENSE NUI	0		≥ 3		onth, Day, Year)	
9	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CALIFF OF THE	H (ITEM OF CO. C.	1.40.	10 20	4/1	-	- 3	1	16	
	Dennis Chadnick		ncy & Loc		reet, Sa	lisbu	ıry, Mo	1. 218	01		
10	31. DATE FILEO (Month, Day, Year)	92. REGISTRAR'S SIGNAT	ando P.					_			

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL	HYGIEN	_	fina (f	0400	
7	1. DECEDENT'S NAME (First, Middle, Last)	Douglas	BERT	HA DU	JGLASS	2. DATE MONTH	OF DEATH	1 9	EAR 3. TI	ME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219 – 56 – 1399	1□M2XX 90		IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	Dey Shar)	1901	Wash	E/State or Foreign ington D	
TOR	90. FACILITY NAME (If not institution, give on Doctors Hospi			Lanh	A M	EATH		Prince Georges			
DIREC	10e. STATE 10b. COUNTY	ce Georges		TOWN OR LOCAT						INSIDE CITY LIMITS?  YES 2 (2) 390	
FUNERAL DIRECTOR	100. STREET AND NUMBER 13206 William	s Drive		101	20613			10g. CITtZEN	- P-0-7 (		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3XXVIdowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	S XMS	13. WAS DEC	ENDENT OF HISPAI ecity Cuban, Mexica 2 X XO Spect	in, Puerto R	? (Specify Yer licen, etc.)	or No- 14.	merican Indian, ite, etc.		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION oompleted)  College (1-4 or 8+)	IIIe. Do NOT use	rk done during mos retired.)	N st of working	16b.		SINESS/INDUS	TRY		
COMP	17. FATHER'S NAME (First, Middle, Lest)		House	ewife	18. MOTHER'S NA			Sumama)			
8	John C. May  190. INFORMANT'S NAME (Type/Print)		ODRESS (Street a		0	nia C					
10	Linda Meiser 13206 Williams Drive, Brandywine,										
	Surjet & Cremation 3   Removed from State  4   Donation 5   Other (Specify)   HINTUTION   4-2   Waldorf, McC										
	Huntt Funeral Home										
TION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury that initiated events  CAUSE (DISEASE OF INJURY DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to death but r	not resulting in	the underlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MEO?	AVAIL COMP OF DI	E AUTOPSY FINDINGS  ABLE PRIOR TO PLETION OF CAUSE  EATH?  YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
PHYS	27. MANNES OF DEATH	1 Inpatient 2 ER/Outpatien 26e. DATE OF INJURY (Month, Day, Year)	26b, TIME	OF 28c. INJU				NJURY OCCUR	ED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, atr		ES 2 NO	281. LOCA City o	TION (Street of Town, State)	and Number or I	Rural Route I	vumber,	
296. CERTIFIER (Check only and a count of the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated.								euro(e) and			
BE	296. SHANNTUHE AND TITLE OF CENTIFIER	No h		29c. LICENSE NUI		, a piece, air	29d. DATE SIGNED (Month, Day, Year)  4-(-92				
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	APP (	Alocis	nd	- L	ANN	an r	\$	
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  APR 0 6 92											

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	SPITAL OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
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2	ATTEN
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	SPITAL

_		1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF					MENT	AL HYGIEN REG. NO.	E -	32	10481
	- 1	1. DECEDENT'S NAME (First,	, Middle, Last)	RICHAR	D LEE		DAVIS	, 5	R.		2. DAT	RCH	522-	2249	3. TIME OF DEATH
	35.111.00	4. SOCIAL SECURITY NUMBER 2 15 - 26 - 5	308	5. SEX	6. AGE (In yr	3. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DAT (Moi () 1	TE OF BIRTH mth, Day, Year) -27-3	0	e. BIRTHE	TVILLE, VA.
	OR	99. FACILITY NAME (If not in PENINSULA	REGIO		CAL CE	NTER	9b. CITY,		LISB	URY	ATH			COMIC	ATH
	DIRECTOR	MD.	10b. COUNTY	MICO			TY, TOWN OF		ION						10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
	FUNERAL	100. STREET AND NUMBER 406 TIFFAN	Y DRIV	'E				101	218						HAT COUNTRY?
	B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES >	NO	18	yes, sp	ENDENT	OF HISPAN	n, Puerto	ilN? (Specify Yes o Rican, etc.)		14. RACE Black,	— Americen Indian, White, etc. VHITE
	COMPLETED		EOENT'S EDU( y highest grade 1-12)			Give kind of life. Do NOT L	work done du se retired.)	CUPATIO	DN st of world	ing	16	Sb. KIND OF BUS	BINESS/IND	USTRY	
ed at once	BE CON	17. FATHER'S NAME (First, M JEFF H. DA	VIS		· ·		18. MOTHER'S NAME (First, Middle, Meiden Surname) LAURA PARKS DAVIS								
De notifi	٩										2182				
ner must		19 Burlet 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  WICOMICO MEMORIAL PARK 3/26 SALISBURY MD.  21. SIGNATURE OF FACILITY													
al examir		HOLLOWAY FUNERAL HOME  501 SNOW HILL RD. SALISBURY, MD. 21801  23 PANT I. Enter the diseases, or complications that grused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate											. 21801		
or other traumatic event, the medical examiner must be notified at once.		intelligible CAUSE (Final disease or condition resulting in deeth)  a. End 57 Gge deal Faeleure									Approximata Interval Batween Onset and Death				
matic eve	NOL	DUE TO (OR AS A CONSÉQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									Non				
r other trai	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  COLUMN COL										De			
njury,	EDICAL CE	PART II. Other algorifica	nt condition	a contributing to	death but r	ot resulting	in the und	erlying					AUTOPSY MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
23 shor	AN: M	Collection 25. WAS CASE REFERRED TO	a fe	en d	Tes.	150	Lose Lose	) pl	Usa	_	2				OF DEATH?
or item		EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH		HOSPITAL:				g Hom	5 🗆 R	esidence	6 🗆 Oth	ner (Specify)			
ш	ВУ РНУ	1 Natural 5   2   Accident	Pending Investigation	26e. DATE OF (Month, D	lay, Ybar)		M	1   Y	URY AT RK? ES 2	_ NO		ESCRIBE HOW IF			
88	ELED	4 Homicide	Could not be determined	bullding,	atc. (Specify)	At home, ferm,	street, factor	y, office				CATION (Street e y or Town, State)	nd Number	or Rural Ro	ute Number,
IMPORTANT: If Item	COMPL	anal .		CIAN: To the best of R: On the basis of e											end menner es stated.
IMPORT	IO BE	29b. SIGNATURE AND TITLE	80	ry -		ec 1	3		29c. LIC	20	20		29d, DATI	SIGNED (	Month, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  GA //Slicey MD 2/80/  31. DATE FILEO (Month, Day, Yoar)  32. REGISTRAR'S SIGNATURE													
	1	31. DATE FILEO (Month, Day, 1601)  32. REGISTRAR'S SIGNATURE  MAD 2 4 1992  Allie Linguistral Andell													

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203-31	or attending	use as the	
AND ZI	he hospital of	detached for	-
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BALLIMORE, MARTLAND 21203-3146	ge 6 may be	lirector, page	and house
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RECORDS, P.O. BOA 13146,	w requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits Present and Mental Hygiene prior to burial, cremation, or removal.	the second secon
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ころろ	equires that t	in signed by if Health and	The same of
r	W	bee of	

		1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE (	OF DEATH			. TIME OF DEA	ТН
		James Thor	nas Da	mico							March	1 29,	1992	YEAR	12:15	Рм
		4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE C	F BIRTH		8. BIRTHPI Country)	LACE (State or Fi	oreign
6	*	214-54-2479		1 XM 2 - F	43	YRS.	MONTHS	DAYS	HOURS	MIN.	June	8, 1948	F	enns	ylvania	a
(.P	1	9a. FACILITY NAME (If not ins							OR LOCATI		EATH		9c. COUN			
6.50	É	16831 Petma		le			На	gers	stown				W	lashi	ngton	
Le. I	REC	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCA	TION					1	IOd. INSIDE CITY	1
Ma Sunner (Margor Street on the	E I	Maryland	Wash	nington		На	gers	towr	1						LIMITS?	NO
No Service Control	AL	10e. STREET AND NUMBER						10	f. ZIP COD				10g. CITIZ	EN OF WH	AT COUNTRY?	
ansit	FUNERAL	16831 Petma:	r Circ	le					2174	0			USA			
46 physician. burial-tran	5	11. MARITAL STATUS  1 Never Married 2	Married	FORCES? 1	T EVER IN U.S. AR						NIC ORIGIN' an, Puarto R	(Specify Yealcan, etc.)	or No-		- American Indi White, atc.	an,
21203-3146 all or attending physician. for use as the burial-transit	BY	3 Widowed 4 Divor		IF YES, GIVE Y	WAR OR DATES			1 YES	2 X NO	Specil	ly:			Specify.	White	
r attending use as the	<b>a</b>	15. DECI	EDENT'S EDU	ICATION	16a, DE	CEDENT'S	USUAL O	CCUPATI	ON of world		16b. KIND OF BUSINESS/INDUSTRY					
212 al or a for u	COMPLETED	Elementary/Secondary (0-		College (1-4 or 5	Marie Marie	. Do NOT u	se retired.)				State of Maryland					
7 0	MP	12 years		2 years		dir	ect	care	e aid		_			ryla	nd	
LAND 21 by the hospital of the detached for		17. FATHER'S NAME (First, MI James Vince		emico								iddle, Maiden	Surname)			
RYL ned by ould be		19a, INFORMANT'S NAME (7)		THICO	10	b MAII INC	ADDRESS	Common of the contract of the			abeth Knecht  Rural Route Number, City or Town, State, Zip Code)					
be retained by the host ge 5 should be detache	2	Elizabeth l	Damico	)								stown,			21740	)
SALTIMORE, death. Page 6 may e funeral director, page 11.		20s. METHOD OF DISPOSITI  1 X Burlal 2 Crematio  4 Departion 6 Other	n 3 🗆 Rem	noval from State	20b. PLACE other pi	lecel .					4/1		ersto		<sub>n, Stata</sub> Mary Lan	d
		22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N.														,
		Dura	01.1	1 / Un	uch				al Ho		ILITCLI				Marylan	
By nours after d in by the or removal		23, PART I. Enter the di									ch aa card				Approxim	ate
DO DO E		ahock, or heert fellure. List only one ceuss on eech line.  IMMEDIATE CAUSE (Fine)  Onset and Daeth disease or condition														
		resulting in death)														
4 5 2 - 8		DUE TO (OR AS A CONSEQUENCE OF):														
OX 1314  Is be executed sician and con orior to burial.	RTIFICATION	Sequentielly list conditions,  H any, leading to immediate  L (History Post Operative Total Colectomy/Tleostomy)  DUE TO (OR AS A CONSEQUENCE OF):														
	S	cause. Enter UNDERLY! CAUSE (Disease or inju	NG	C												
	E	that initiated events resulting in death) LAS		DUE TO	OR AS A CONSE	CONSEQUENCE OF):										
THE H	111	Totaling in death, EAO		d											-	
Me the Co	A.	PART II. Other algnifice	nt conditio	na contributing to	death but not	resulting	In the ur	nderlylr	ng cause	given in	n Part I. 244. WAS AN AUTOPSY PERFORMED?				WERE AUTOPSY I	
ECORD  equires that the signed by an Health and Inches	EDICAL											1 VES 2			COMPLETION OF OF DEATH?	
requires that seen signed I con Health a	ME								- 4						1 [] YES 2 []	NO
3 2 8 6	ÿ															
OF VITAL PHYSICIAN: The is this certificate has with the State De	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE	R:			heck only on					
CLIAN ICIAN the S	5   >	1 X YES 2 NO		1 Inpatient 2	ER/Outpatient	26b. Til			JURY AT	asidenca	6 Other	(Specify) CRIBE HOW I	HINDY OCC	11DED		
	Y PHY	1 XXNatural 5	Pending		Day, Year)		JURY	W	ORK? YES 2	NO	200. 000	CHIDE HOW I	NON1 OCC	ONED		
ATTENDING PHYSI CTOR: After this c s after death with	8	a Destable	Investigation Could not be		OF INJURY — At h	ome, farm,	street, fac				26f. LOC	ATION (Street	and Number	or Runal Ad	ute Number,	
			determined	buruing	, etc. (Specify)						City	or Town, State)				
DIV DAL OR A AL DIRECTOR NO. 13	IPLE	and an		SICIAN: To the best o												
THE HOSPITAL TO THE FUNERAL POPERTY OF FILE FUNERAL POPERTY OF FILE FUNERAL POPERTY OF THE PUNERAL POPERTY OF THE PUNERAL POPERTY OF THE PUNERAL POPERTY OF THE PUNERAL POPERTY OF THE PUNERAL PUNERAL POPERTY OF THE PUNERAL PUNERA PUNERA PUNERA PUNERA PUNERA PUNERA PUNERA PUNERA PUNERA PUNERA PUNERA PUNERA PUNE	COMPL			ER: On the basis of	examination and/or	Investigati	on, in my	opinion,	death occu	red at the	e time, data	and place, ar	d due to the	cause(a)	and menner as	stated.
TO THE HOSPITO TO THE FUNER WITHIN	BE	296. SIGNATURE AND TITLE		R O 1						ENSE NU				,	Month, Day, Year,	
223	2	20 NAME AND ADDRESS OF	- W	CIA CONTRACTOR	IDE OF DEATH	5	> B/		] DO	106	2		Ma	rch :	30, 199	2
		30. NAME AND ADDRESS OF						inc	ton (	24	o. # TT			14	1	17/0
		Edward W. D 31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE			THE	LON S	orre	et, H	agers	.own,	Mary	riand 2	1/40
		APRO	1 199	2 Juli	Sinden	Rendor	A.									

		STATE REGISTRAR	STATE OF MARY				F DEATH		REG. NO.		76	10483	
		1. OECEDENT'S NAME (First, Middle LAPL	EARL HAMILIO	WILTO	AUL	DA	VIS	2. D.	ATE OF DEATH 3	10/9	92 <sub>YEAR</sub> 3.	TIME OF DEATH	
(		4. SOCIAL SECURITY NUMBER		E (In yrs. lest b		IF UNDER 1 YEAR		IIN. (N	ATE OF BIRTH fonth, Day, Year)		Country)	ACE (State or Foreign	
(3P	)	98. FACILITY NAME (If not institution	n, alve street and number)	64	YRS.	9b. CITY. TOW	/N OR LOCATION (		ch 31,19		Mar INTY OF OEAT	yland	
~	HO		Adventist Hospi	tal			Rockvil			Mo	ontgom	ierv	
- S	ECT	RESIDENCE OF DECEDE	COUNTY	I	10c, CITY.	TOWN OR LO						od. INSIDE CITY	
t. Program	DIR	Maryland	Montgomery				ersburg				1	LIMITS?  YES 2 NO	
permit.	3AL	104. STREET AND NUMBER					101. ZIP CODE	~0		10g. CIT	USA	AT COUNTRY?	
physician, burial-transit	FUNERAL	16725 Sion	12. WAS DECEDENT EVER	IN U.S. ARM	FD	13. WAS	208	<u> </u>	IGIN? (Specify Yea	or No.	- American Indian.		
ons after death. Page 6 may be retained by the hospital or attending physician, in by the funeral director, page 5 should be detached for use as the burial-tran removal.	B≺	1 Never Married 2 Marri 3 Wildowed 4 Divorced	FORCECO 4 VE	S MINO		If yes	, specify Cuben, M YES 21 NO S	laxican, Pue		or No—	Black, W Specify:	white, atc.	
use as	TED		T'S EDUCATION est grade completed)	(Give	kind of wo	SUAL OCCUP	ATION most of working		16b, KIND OF BUS	INESS/IN	DUSTRY		
pital or	PLET	Elamentary/Secondary (0-12)	College (1-4 or 5+)	III III L	Road Maintenance County Highway							lent	
he hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle,	Last)		noat	A AMOUNTAIN			rst, Middle, Maiden		ind' n	epc.	
d by the lid be	BE C		Monroe Davis						e Mae Cl				
5 should	101	198. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Angela E. Davis  16725 Sioux Lane. Gaithersburg. Md. 20878											
page		20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of completely, cramatory or complete											
age 6 ma director, p er must		4 Donation 5 Other (Spec	elfy)	Prosp	ect (	Cemete	-	3/13/		Mt.	Airy,	Md.	
death. Pag funeral di cxaminer		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A.  26407 Ridge Rd Dame Rolls Md 20872											
the fundamental		26401 Ridge Rd., Damascus, Md. 20872  23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, Approximata											
filled ion. o		ahock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition											
ompletely il, crema event,		resulting in deeth)	DUE TO (OR AS	A CONSEQ	JENCE OF	Me	at In	Terc	Sion			yrs	
or sian	ATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):  If eny, leading to immediate cause. Enter UNDERLYING											
ding physiene progression of other	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST											
the death y the attend d Mental	- 11												
that ed by h an	MEDICAL		149cm(2 011						PERFOR		At Cr Dr	WAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH?  YES 2 NO	
he law b has b c Dept. m 23	PHYSICIAN:	25. WAS CASE REFERRED TO ME					8. PLACE DF DEAT	TN (Check on	ly one)				
Tifficate rifficate re State	YSIC	EXAMINER?	HOSPITAL: 1 □ Inpatient 2 □ ER/O	utpatient 3		OTHER: 4 - Nursing	Home 5 Resid	ence 6 🗆	Other (Specify)				
G PHYSIC er this cer ath with th	ву РН	27. MANNER OF DEATH  Netural 6 Pend  2 Accident Invest	28s. DATE OF INJUR (Month, Day, Year tigation		28b. TIME INJU	JRY	. INJURY AT WORK?		DESCRIBE NOW I	NJURY OC	CCURED		
ATTENDIN ECTOR: Att s after de:	ETED 8	3 Suicide 8 Could 4 Nomicide detar	d not be building, etc. (S	RY — At hom pecify)	e, farm, at	reet, factory,	office	281.	LOCATION (Street a City or Town, State)	and Numbe	er or Rurel Rou	ite Number,	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signs be filed within 72 hours after death with the State Dept. of Healt MPORTANT: If Item 28 is marked, or Item 23 shows a	COMPLE	consult of the second	NG PNYSICIAN: To the best of my kn EXAMINER: On the basis of exemina	tion and/or in	vestigation	ı, in my opinic	on, death occured	at the time,	data and place, an	d due to t	the cause(a) a		
THE HO TO THE FU TO THE FU THE MINITED	BE	296. SIGNATURE AND INTE OF O	CERTIFIER.	>			29c. LICENS	E NUMBER	7	29d. DA	TE SIGNED (A	fonth, Day, Year)	
	TO	Robert Mill	man, MS 97	DEATN (ITEM	27) (Type,	Print): (Cer	ifer Dr	#103	Rock	ville	e, Mi	J 20850-	
		31. DATE FILED (Month, Day, Year) MAR 1 6	1992 Julia David	SON-Ra	ndell								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMONE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may make the hospital or attending physicial	TO THE CHICEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directory and signed for use as the burial-to signed by the funeral directory.	be med within 72 hours after death with the State Dept. Of health and Mental hygiene prof to buria, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORD	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR. After this certificate has been signed by t	be med within 72 hours after beath with the state begt, of health and	IMPORTANT: If item 28 is marked, or item 23 shows any in	

	REGISTRAR		CE	ERTIF	ICATE	OF	DEATH		REG. NO			
	1, DECEDENT'S NAME (First, Middle, Last)										3. TIME OF DEATH	
	Clyde Morgan Esworthy										YEAR	21.49
	4. SOCIAL SECURITY NUMBER	5. SEX			IF UNDER 24 HRS.	7. DATE OF BIRTH			1d.	2/. 7/ M		
	216-09-0151	1 M 2 D F	92	YRS.	MONTHS	DAYS	HOURS MIN.	(Mont	h, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give		32	17102	3	20		_	16,189			yland
œ					9b. CITY,		R LOCATION OF D			9c. COUN	TY OF DE	ATH
2	Carroll County C	eneral Ho	spital			We	stminst	er			Carro	)11
입	10a. STATE 10b. COUNT	TV .		10. 017	Y, TOWN OF							
DIRECTOR		Carrol1		IUG. CIT								10d. INSIDE CITY LIMITS?
		Carrori			Sykesville				1 🗆			T YES 2 NO
Z	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITIZ	EN OF WH	IAT COUNTRY?
4	7027 Carmae Road						21784	4			U.S.	Α.
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. W	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-					4. RACE -	- American Indian,
×	1 Never Merried 2 Merried	IF YES, GIVE WA	YES 2XN	Ю			elfy Cuben, Mexico 2 X NO Speci		Ricen, etc.)	1	Black,	White, etc.
	3 Widowed 4 Divorced						- Zu iio apacii	,			Specify:	White
	15. OECEDENT'S EDU (Specify only highest grad	JCATION	18e. DEG	CEDENT'S	USUAL OCC	CUPATIO	N	16b	KIND OF BUS	SINESS/INDU	STRY	
ini	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT u	work done du se retired.)	uring mos	st of working					
교	6 yrs.	None		Far	mer							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (Florida)	Modelle Ad-Life	0		
0	John A. Esworth	v					France			Sumeme)		
BE	19e. INFORMANT'S NAME (Type/Print)		T 405	MARINE								
2	Brenda L. South		7/	027	Carma	O D	nd Number or Rural					1704
	20s. METHOD OF DISPOSITION						-4	SOVII	le, Ma			21784
	1 N Buriel 2 ☐ Cremetion 3 ☐ Ren	toval from State	20b. PLACE A	no DATE	OF DISPOSIT	ION (Nan	ne of	OAT		CATION — CI		
	4 Donetion 6 Other (Specify)		MCK en	dree	Ceme	ter	Y.		Howa	ard Co	., M	Maryland
	21. SIGNATURE OF FUNERAL SERVICE TO	CENSISE	6				D AODRESS OF FA					
	· Whirten	Sun	con Mil		B	urr	ier Fune ield, Ma	eral	Home	784		
	23. PART i. Enter the diseases, or		- 11	oth Do	VV	TIIL.	reid, Me	тута	na zi	. 704		-
	ahock, or heart fallure.	List only one ceus	e on each line.	BUIL DO F	iot enter ti	na mod	a or aying, suc	n as card	liac or reapi	rstory arre	Bt,	Approximate Interval Batween
- 1	iMMEDIATE CAUSE (Finei disease or condition	<		_	h.a.		1			. 1	4.	Onset and Death
ļ	resulting in death)	· syp	Tro	K	) well	ne	me		ost a	6012	ullu	dè
	DUE TO (OR All A CONSEDUENCE OF):											
2	Sequentially list conditions,  Due to los As a consequence of											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE 10 (0	Λ (	0	-							
3	CAUSE (Disease or Injury	+ + e.c		unp	- w	س	)					
E	that initisted events resulting in death) LAST	A O	R AS A CONSEG	DENCE OF	0 0	+	. 0					
Ä		d	-0 D.		1000	que	rawsa	~				
	PART II. Other significant condition	na contributing to d	eeth but not re	aulting i	n the und	erlylna	cause alven in	Part i	24e, WAS AN	HITTORON		
DICAL					ii tile oligi	criying	coose given in	reit i.	PERFOR		A	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO
									1 TES 2	ND		OMPLETION OF CAUSE F DEATH?
Σ											1	TYES 2 AND
ž I											ļ.,	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLA	CE OF DEATH (Ch	eck only on	e)			
S	t TES 2 JUNO	1 Supportiont 2 1	ER/Outpatlant 3 (	DOA	OTHER:	ng Home	5 - Residence	6 🗌 Other	(Specify)			
품	27. MANNER OF DEATH	28s. DATE OF IN (Month, Day,		28b. TIMI	E OF 2	8c. INJU	RY AT		CRIBE HOW IN	JURY OCCU	REO	
BY	1 Natural 5 Pending 2 Accident Investigation	(monna, pay,	, ioar)	INJ	M	1 YE	ES 2 ND					
	3 Suicide 286. PLACE OF INJURY — At home, farm, street, factory, office 28f LOCATION (Street and Number or Burst Road Number of Burst Road Number (Burst Roa								te Number			
里	4 Homicide determined	building, at	с. (эрөспу)					City	or Town, State)			!
COMPLETED	29e. CERTIFIER											
ž I	299. CERTIFIER (Check only one)  1 **CERTIFYING PHYSICIAN: To the beal of my knowledge, dash occurred at the time, date end place, end due to the cause(a) end manner ee stated.  2 **MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, dash occurred at the time, date end place, end due to the cause(e) end menner ee stated.											
8			militation stid/or in	ive ani gantion	ii, iii my opii	nion, ani	eth occurred at the	time, date	end plece, end	f due to the o	cause(e) e	nd menner ee stated,
BE	296. SIGNATURE AND TITLE OF BENTIFIED	u	0			T	29c. HCENSE NUN	ABER		29d. DATE S	IGNED (M	logth, Day, Year)
2	, (	7	.)				T) 38	212	'		4/6	192
- 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	DF DEATH (ITEM	27) (Type,	Print)		21-	,	,	10	157	
-	FRE 13 31. DATE FILED (Month, Day, Year)		5 And	lus	87	- u	28c. Hicense nun 1938 194 n	nyt	91 1	121	111	
	APR 7 92	Pulse David	S SIGNATURE AMA-MANDA	20								

FOR

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle,	m G. Fletcher					OF OEATH DA		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  2/3 - 40 - 24  90. FACILITY NAME (If not institution,	9 10 12 0 F 5	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH b, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland	
5	Carroll County	General Hospi			minster	EATH 7	/	9c. COUNTY	rroll	
UIMECTOR		DUNTY	10c. CITY, TO	WN OR LOCAT					10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	Baltimore			imore			10g. CITIZEN	1 TYES 2 PNO	
UNEHAL	1602 Twin Maple	02 Twin Maple Avenue			21204				USA	
1	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D. 5/16/62 - 5	2 NO ATES		ENDENT OF HISPA Icity Cuben, Mexico 2 NO Specif	en, Puerto		or No— 14.	RACE — American Indian, Black, White, etc. Specify: White	
ELED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	B EDUCATION grade completed) College (1-4 or 5+)	16a. OECEDENT'S USU. (Give kind of work of life. Do NOT use reti	fone during mo	DN at of working	161	. KIND OF BUS	SINESS/INOUS	TRY	
COMPL	8th grade 17. FATHER'S NAME (First, Middle, Le		Self-Em	ployed				k Driv	er	
200	Marvin F. Flet	,			Mabel			Sumame)		
2	19s. INFORMANT'S NAME (Type/Print)  Jacqueline Morfoot  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To 4227 Black Rock Road, Upperco									
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify,	F DISPOSITION (Name other place) Cemetery 4-7 Hampstead, I								
	21. SIGNATURE OF FUNERAL SERVI	Listing .			. Main S				l Home l, Md. 21074	
RIFICATION	ahock, or haert fal iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ach line.  Consequence of:  Consequence of:  Consequence of:	I in	far grdi	de	on îscu		, Approximate interval Between Onset and Death	
MEDICAL CE	PART II. Other algoriticent con	ditiona contributing to death b	out not resulting in th	e underlyln	g cause given in	Part I.	24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	CAL		26. PI	ACE OF DEATH (C	heck only o	ne)			
200	EXAMINER? 1 YES 2 NO	EXAMINER? HOSPITAL: OTHER:								
	27. MANNER OF DEATH  1 Netural 5 Pending							IED		
בה פז	2 Accident Investig 3 Suicide 6 Could n 4 Homicide determine	ot be 28e. PLACE OF INJURY building, etc. (Spe	IRY — At home, farm, street, factory, office			281. LOCATION (Street and Number or Flural Flourie Number, City or Town, State)				
COMPLEIED	one)	PHYSICIAN: To the best of my know AMINER: On the basis of examination							ause(s) end manner as stated.	
2	29b. SIGNATURE (ND TITLE OF CE	RTIFIER SWELL	no		29c. LICENSE NU	IMBER		29d. DATE 8	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSO	A . SURIEC	MD.	e)	(CD)					
8	31. DATE FILED (Month, Day, Year) APR 7 92	32. REGISTRAR'S SIGN	A Andre							

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BALTIMORE, MANYLAND 21215-0020	had prompted tail or attending physician.	and the ordinaries for use as the burlan-transit permit. Pages 1, 2, 3 should	fled at tince.
F VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be rest ned and appropriate that the death certificate is a manufactured to the control of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and a certificate has been signed by the attending physician and Mental Hyglene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netlified at ance.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The la	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Det	IMPORTANT: If Item 28 Is marked, or Item 2:

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH A		AL HYGIENE REG. NO.	26	10400		
	1. OECEDENT'S NAME (First, Middle, Last)	I FANCEY			2. DAT	TE OF DEATH	0.0	3. TIME OF DEATH 830 PM		
	4. SOCIAL SECURITY NUMBER 220–40–4899	1 M 2 L F 48 YRS.								
OR	9a. FACILITY NAME (If not Institution, give 2105 Liberty Roa		9	Eldersburg	OF DEATH	9c. COUNTY OF DEATH  Carroll County				
DIRECTOR						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO				
RAL	100. STREET AND NUMBER 2105 Liberty Road			10f. ZIP CODE	1784		10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	RITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   NO IE VES CIVE WAR OR DATES.				GIN? (Specify Year) to Ricen, atc.)	Yes or No- 14. RACE — American Indien,			
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of word life. Do NOT use n	k done during most of working	1	6b. KIND OF BUSI	NESS/INDUST	TRY		
MPL	Sware and the same of the same	3 Superintend				Const	tructi	on		
	17. FATHER'S NAME (First, Middle, Last)					t, Middle, Maiden S				
BE	Oliver Fand	cey				ney-Dext				
0	19e. INFORMANT'S NAME (Type/Print)	Forces		DDRESS (Street and Number of			-35			
	Mrs. Elizabeth			iberty Road ]						
	1 Startel 2 Cremation 3 Removal from State 4 Donetton 8 Other (Specify) Carroll Cremation Serv. 4/7 Hampstead, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Haight Fuenral Home (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400									
N	23. PART I. Entar the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence or):  WINSPEAN MAYBURYT MOUNTAIN 3415									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other significant condition	one contributing to death b	ut not resulting in	the underlying cause given	ven in Part I.	24e. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
ÿ										
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEA						
ΗXS	1 TYES 2 NO	1 Inpatient 2 ER/Outp	atlent 3 DOA 4	OF 28c, INJURY AT			HIEV OCCHE	250		
	1 Natural 5 Pending	(Month, Day, Year)	INJUF			28d. DEŞCRIBE HOW INJURY OCCUREO				
TED BY	2 Accident Investigation 3 Suicide S Could not be datermined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the base of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
TO BE C	296. SIGNATURE AND TITLE OF CERTIFI	MI		02	S186		29d, DATE 3	IGNED Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON V	end MD 1:	10241B6E	TY RO, 64	BREBO	1R6, MU	1, 2)	184		
	APR 7 92	3. BEGISTARSISIGN	at youndard	K 12 XX						

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	must	
	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no	
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acron 1	the	
	event,	
-	natic	
	Iraun	
200	other	
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	Injury,	
	any	
	Shows	
-	23	
	Item	
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TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: It Item 2

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30. NAME AND ADDRE

31. DATE FILED (Mo)

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1992

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tiffed at once.

1 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH MONTH YEAR 1502 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 229-46-0365 1 | M 2 | 7F 4 9e. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO RESIDENCE OF DECEDENT 10b. CQUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? YES 2 NO FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married yes NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed & Divorced Specify: 2 COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi Elementary/Secondary (U-12) Collega (1-4 or 5+) DUSE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BE 19. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town 2 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City on 3 🗆 Rei 4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line Interval Between Onset and Dasth IMMEDIATE CAUSE (Final disease or condition ENERM ZO Hon resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) KNOPRAJE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury PERTENS LON that initiated eventa reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? t TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO Inpstient 2 - ER/Outpatient 3 - DOA ne 5 - Reeldence 8 - Other (Specify) 27. MANNEH OF DEATH 28e. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED B Could not be 4 Homicide 29a. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, 29b. SIGNATURE AND BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

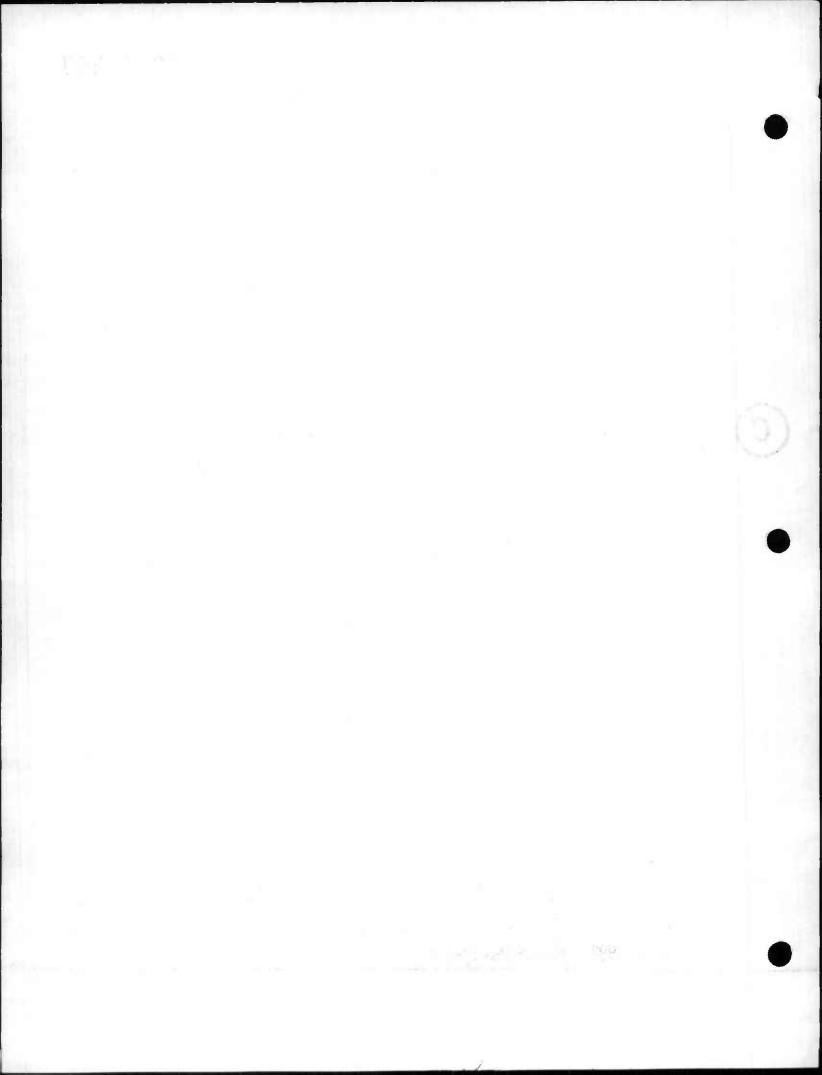
M

32. REGISTRAR'S SIGNATURE

50

Davidso

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a character death. Page 6 mm. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

APR = 2 92

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / CE		OF HEALTH AND	MENTAL HYGIEN REG. NO.	E	. 10400		
	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER  5.	SEX 6. AGE (In yrs. last	Dirthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	2. DATE OF GEATH MONTH DA	97	RTHPLACE (State or Foreign		
DIRECTOR	9a. FACILITY NAME (If not institution, give etreet  SOMEYS  RESIDENCE OF DECEDENT  10b. STATE  10b. COUNTY	UR Apts	9b. CITY	DAYS HOURS MIN.	(Month, Day, Year)	9c. COUNTY O	PF OEATH  ETSE  10d. INSIDE CITY LIMITS?		
BY FUNERAL	259 SomE	S COURS		WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica  YES 2 NO Specific	in, Puerto Rican, etc.)	or No.— 14, R	1 XYES 2 NO DE WHAT COUNTRY?  ACE — American Indian, Black, White, etc.		
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)  1. J.  17. FATHEB'S NAME (First, Middle, Last)	npleted) (Glv	EDENT'S USUAL OF A kind of work done to NOT use retired.)	during most of working	SEA	Food	ry		
TO BE C	ROULEE FI 108. INFORMANTS NAME (Type/Print) HENRY Fitch	tch FTT 19b.	MAILING ADDRES	S (Street and Number or Rural APLE S.T. (	ICK E. Route Number, City or Tow  15 FIELD	JAC Md.	Z1817		
	29. METHOD OF DISPOSITION 1 X Burlsi 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from Stats other place	EBKHR	TET CEM  NAME AND ADDRESS OF FA	MA	FIELD	m Town, State  10 Md.  Md. 2-18-17		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Approximate interval Between Onset and Death								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated avents resulting in death) LAST								
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NO   YES 2   NO   NO   YES 2   NO   NO   YES 2   NO   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   NO   YES 3   YES 4   YES 4   YES 5   YE								
BY PHYSICIAN: MEDICA									
COMPLETED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hor building, stc. (Specify)  N: To the best of my knowledge, deal on the basis of examination and/or for	nth occurred at the	time, data and place, and du		nner as stated.			
280. BIOMATURE AND TITLE OF CENTURES  290. DOES NUMBER  290. DOES NUMBER  290. DOES NUMBER  290. DATE SIGN									

32 DEGISTAGES SIGNATURE GUNA DENGLISMA PANCESTA

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completely ial, crematic		resulting in death)	a. 37/ACCVCUL DUE TO (OR AS A CONSEQUENCE
ertificate be executed ing physician and com giene prior to burial, other traumatic ex	IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS A CONSEQUENCE c DUE TO (OR AS A CONSEQUENCE
that the death of the attend the and Mental Hy any injury, or	PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significent condition	d
SICIAN: The law requires certificate has been sign the State Dept. of Heal , or Item 23 shows	YSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? (1 YES 2 NO	HOSPITAL: 1 La inpetient 2 ER/Outpetient 3 DOA
After death ma	BY	27. MANNER OF CEATH  1 Natural 5 Pending Investigation 3 Suicide	26a. DATE OF INJURY (Month, Dey. Year)  26b. T  26b. T  26b. T
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If Nem 28 is ma	TO BE COMPLETED	4 Homicide determined  29e. CERTIFIER (Check only control of the control of the control of the certification of th	building, stc. (Specify)  CIAN: To the best of my knowledge, death occur  R: On the beste of axamination end/or investigs

32. REGISTRAR'S SIGNATURE Pandale

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH Sidney Fjelstad March 10, 1992 P u 5:15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) Aug. 22, 1903 IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 1 💢 M 2 🗌 F 578-05-1354 88 Minnesota 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH Montgomery General Hospital Olney Montgomery RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Boyds 1 YES 2XXNO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22000 Clarksburg Road 20841 American 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 27 100 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puerto Ric 1 YES 2 XNO Specify: Specify: White 3 ₩ Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind al work done during most al working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INGUSTRY (Specify only highest grade complete College (1-4 or 5+) Elementary/Secondery (0-12) 12 Salesman Wholesale Fabric 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Anne Elizabeth Martin Fjelstad 01e 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 22000 Clarksburg Rd., Boyds, Md. Diana F. Hancock 20841 20a. METHOD OF OISPOSITION
1 ☐ Burial ZXCXCremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 29c. LOCATION - City or Town, State Qther (Specify) 3/11 Bethesda, Maryland Montgomery Crematorium 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A., Funeral Home obeit 20872-0117 Damascus, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory errest, shock, or heart failure. List only one cause on each line. Approximsta intervsi Between **IMMEDIATE CAUSE (Final** 1.1 Onset and Death Aspiration 3 do OF: OF): g in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 NES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 1 YES 2 NO LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide (e) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end man 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0620

TO BE COMPLETED BY FUNERAL DIREC

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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AT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	П 28
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2	23	E

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPAI CERTIF	RTMENT	OF H	EALTH AND	MENT	AL HYGIEN		-	0430
1. DECEDENT'S NAME (First, Middle, Last)		0=	TOPLE	- 0.	DEATH.	2. DA	E OF DEATH			. TIME OF DEATH
Clara Matilda	Fleming					Mar	ch 28	, 199	YEAR	10:12 A M
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)			IF UNDER 24 HRS.	7. DA1	E OF BIRTH ofth, Day, Year)			LACE (State or Foreign
218-80-6215		96 YRS.	MONTHS	DAYS	HOURS MIN.		n 31,1	1896	Country	MD
Se. FACILITY NAME (If not institution, give str	reet end number)				R LOCATION OF D			9c. COUNT	Y OF DE	ATH
Kent and Oueen An	nes Hospit	al, Inc.	Ches	ster	town			Kei	nt	
10e. STATE 10b. COUNTY		10c, CI	TY, TOWN O	R LOCATI	ON				1	IOd. INSIDE CITY
MD Ke	ent	Ch	neste	erto	Wn					LIMITS?
10e. STREET AND NUMBER				_	ZIP CODE			10g. CITIZE		AT COUNTRY?
RD #4 Bo	ox 324				21620			,,,	USA	
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARMED	13. ¥	MAS DECE	NDENT OF HISPA	NIC ORIG	GIN? (Specify Yee	or No- 1	4. RACE -	- American Indian, White, etc.
1 Never Married 2 Merried  3/T/Widowed 4 Divorced	IF YES, GIVE WAR OF				city Cuban, Mexico 2X NO Speci		o Hican, atc.)		Specify:	
15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S							1100	White
(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of life, Do NOT u	work done di	during mos	N t of working	1	66. KIND OF BUS	INESS/INDU:	STRY	
1 1	College (1-4 or 5+)		emake				17 -			
17. FATHER'S NAME (First, Middle, Last)		1 Home	Illake	i r	18. MOTHER'S NA	AME (First		ome Sumeme)		
William B. Co	leman						rdman			
19a. INFORMANT'S NAME (Type/Print)		19b, MAJLING	G ADDRESS	(Street en	d Number or Rural			, State, Zip C	ode)	
Barney Willis	3	Kin	igsto	own.	Chest	ert	own.MI	216	2.0	
20a. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Remo	nel from State	206. PLACE AND DATE	OF DISPOSI				TE 20c. LOC			n, State
4 Donation 6 Other (Specify)		cemetery, cremetory or c	er Ce	emet	ery 3	129	/92 Ch	este	rto	wn, MD
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. N	NAME AND	ws-Wel	CILITY				
Dary B.	tellows				ws-wel					21620
23. PART I. Enter the diseases, or co	omplications that caus	sed the death. Do	not enter	the mod	e of dying, aud	ch an ca	rdiec or respir	ratory arrea	it,	Approximate
ahock, or heart fallure. L	list only one cause or	n eech line.								Interval Between Onset and Death
disease or condition resulting in death)		Se	PSI	5						7 works
	DUE TO (OR A	S A CONSEQUENCE OF	x+):		-					Zwed.
Sequentially list conditions,		epturec	d	VIS	cces	_	site	not	•	Zwech
if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE C	F):		. /		. ,			
CAUSE (Disease or Injury	DUE TO (OR A	S A CONSEQUENCE D		C	Keter	MI	hed			-
that initiated events resulting in death) LAST	DOE 10 (OR A	S A CONSEQUENCE D	PF):							
				-						1
PART II. Other algnificant conditions	contributing to deeth	but not resulting	In the unc	derlying	cause given in	Part I.	24a. WAS AN A			ERE AUTOPSY FINDINGS
Havauced	Cerebro	Vascerl	ar c	die	rase		1 TES 2		C	OMPLETION OF CAUSE IF DEATH?
									1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DEATH (CA	neck only	one)			
1 VES 2 NO	1- Impatient 2 ER/O		4 🗆 Nursi	ing Home	5 Residence					
1 Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Year		JURY M	26c. INJU WOR	K?	26d, D	EŞCRIBE HOW IN	IJURY OCCU	RED	
2 Accident Investigation	28- BLACE OF IN III	IRY — At home, ferm,			S 2 NQ					
3 Suicide 6 Could not be 4 Homicide determined	building, atc. (S	pecify)	atreet, racto	огу, описе		281. LC	CATION (Street el y or Town, State)	nd Number or	Rural Rou	ite Number,
29a. CERTIFIER										
(Check only 1 CERTIFYING PHYSIC										
2 MEDICAL EXAMINER: Do the basis of examination end/or investigation, in my opinion, death occured at the time, dete end place, end due to the cause(s) end menner se stated.										
296. SIGNATURE AND TITLE OF CERTIFIER	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)									
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM AT C	O-l-ri		200 2	200	<i>†</i>	2	514	6192
Ca BAUMA				204	on, n	11	>			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIL	GNATURE								
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF I		MENTAL HYGI		2 10491	
	1. DECEDENT'S NAME (First, Middle, Last)	/		-ulto		2. DATE OF DEAT	H DAY	7 SINE OF DEATH	
	4. SOCIAL SECURITY NUMBER 137-16-9622	5. SEX 6. AGE (In ) 1 M 2 F 8	yrz. lesi birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Oct. 9,	17)	BIRTNPLACE (State or Foreign Country) New Jersey	
TOR	9a. FACILITY NAME (If not institution, give str St., MAR US RESIDENCE OF DECEDENT	Hospital			OR LOCATION OF DEATH  ARCHOWN  Sty Marcy's				
- DIRECTOR		Mary's	10c. CIT	Y, TOWN OR LOCA HOLLYW	ood			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10c. STREET AND NUMBER  Rt. 1 Box 469  11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	S. ARMED		20636	NIC ORIGIN? (Specify	U.S		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 ⊠NO is	If yes, sp	ecify Cuben, Mexic 2 NO Spec	an, Puerto Rican, etc.	,	I. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of a life, Do NOT us		ON Isl of working		BUSINESS/INDUS		
_	17. FATHER'S NAME (First, Middle, Leet)  Borden Sanford	I Horriand	Clerk			AME (First, Middle, Me	iden Surname)	ply Company	
TO BE	19e. INFORMANT'S NAME (Type/Print)  Mary I., Kinion	Howland				Route Number, City or	Town, State, Zip Co	ode)	
	20s. METHOD OF DISPOSITION t	rel from State cemete	ACE AND DATE O	OF DISPOSITION (No	ime of	DATE 20c	LOCATION - CIT		
	21. SIGNATURE OF FUHERAL SERVICE LICE  MICHAEL K.	Hardiner		Mattir	ngley-Ga	ACILITY	neral H	ome, P.A.	
	23. PART (. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) s.	emplications that caused the ist only one cause on each	n line.	not enter the mo	de of dying, su	ch as cardisc or re	eapiratory arres	t, Approximats Interval Between Onset and Dsath	
NO.	Sequentially list conditions,  DUE TO (OR AS A CONSEDUENCE OF):  CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):								
HILICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
CER	d.								
WEDICAL	PERFORMED?  1 YES 2 NO OF D							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
N CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE DF DEATH (C				
BY PHYSICIAN:	27. MANNER OF DEATN  1 Natural 6 Pending 2 Accident Investigation	1 Natural 6 Pending (Month, Day, Year)				e 6 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	At home, farm, s	street, factory, offic	fflice 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		AN: To the best of my knowledge. On the basis of examination ar							
296. SIGNATURE-AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER							igned (Month, Day, War) arch 31, 1992		
	Vinod K. Shah, M.D	Leonard	dtown, 1	Maryland	20650				
	31. DATE FILED (Month, Day, Year)  APR 0 1 '97	32. REGISTRAR'S SIGNATU	son-Randa	202					

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		FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAP CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN		2 10492
		1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER	7 0011	AMES R.	GROSS,	SR.	2. DATE OF DEATH MONTH 3	MY 18	3. TIME OF DEATH
should		220 26 2532	1 M 2 D F 65	yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03/3//2	6 M	BIRTNPLACE (State or Foreign Country)  ARYLAND
1, 2, 3 sho	TOR	Ame Arundel M RESIDENCE OF DECEDENT		r		N OR LOCATION OF D			Ne Arundel
permit. Pages	L DIRECTOR		ARUNDEL		TY, TOWN OR LOC HURCHTOD	N			10d. INSIDE CITY LIMITS? 1 YES 2 NO
.55	FUNERAL	1141 DEEP COVE RD.				101. ZIP CODE 20733		1	U.S.A.
21215-0020 I or attending physician. For use as the burial-transit	B	1 Never Married 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 ☑ YES IF YES, GIVE WAR OR DATE 1951-1953	2 NO	If yee, i	ECENDENT OF HISPA specify Cuben, Mexico ES 20 NO Specifi	NIC ORIGIN? (Specify Yean, Puerto Rican, stc.) fy:	e or No — 14	I. RACE — American Indian, Black, White, etc. Specity: BLACK
D 21 spital or ed for u	COMPLETED	15. DECEDENT'S EDUCAL (Specify only highest grade co- Elementary/Secondery (0-12)	College (1-4 or 5+)				16b. KIND OF BU	SINESS/INDUS	
rrAD spit be detached at once.		17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Malden	Sumame)	
5 should be motified	TO BE	FARL M. GROSS, SR			t and Number or Rural	H HOLLAND  Route Number, City or Tow			
(1) (1)		PATRICIA N. GROSS  20e. METNOD OF DISPOSITION 1√2. Burlel 2 □ Cremetion 3 □ Remova 4 □ Donetion 5 □ Other (Specify)	al trom State cemete	LACE AND DATE (	OF DISPOSITION (		4-2-	CATION — CIT	y or Town, State
death. Page tuneral directions		21. SIGNATURE OF FUNERAL SERVICE LICEN	1. Reese		REES	AND ADDRESS OF FA	MORTUARY,	P.A.	LLE, MD.
P.O. BOX 68760, n certificate be executed within 24 hours at noding physician and completely filled in by Hygiene prior to burial, cremation, or remor or other traumatic event, the medic.	CERTIFICATION	23. PART I. Enter the disease, or conscious constant feliure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	or only one cause on aacr	d Thoronseouence of	rocenter than more care in the	Aneuri	ch as cardiac or reap	Iratory erres	t, Approximate Interval Batween Onset and Death Impubly a Co
RECORDS  v requires that the d been signed by the t. of Health and Men shows any injur	MEDICAL	PART II. Other eignificent conditions of Left Cerclaral	contributing to death but	not resulting I	In the underlyle	ng cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
VITAL  AN: The law rificate has be state Dept.  rifem 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	OSPITAL:		OTHER:	PLACE OF DEATH (Ch			
O 동 왕 등 호	BY PHYS	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIMI	IE OF 28c. IN	NJURY AT VORK?	8 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCUP	IED
DIVISION DR ATTENDING I DIRECTOR: After hours after death Item 28 is man	ETED E	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	street, factory, offi	set, factory, office 281. LOCATION (Street and Ni City or Town, State)			Rural Route Number,
Z ZZ Z	COMPLE	2 MEDICAL EXAMINER: (	AN: To the best of my knowledg On the besis of exemination en	ge, death occurre	ed at the time, dat on, in my opinion,	te and place, end dua death occured at the	to the ceuse(e) end men time, date end placa, en	nner es stated.	ause(s) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER		~		D 38563 >			IGNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO CO	Bier Da v	N (ITEM 27) (Type,	Print)				
		31. DATE FAIP (PORT) 0-83 1-1992 9	A CLE REALISTMAN'S SIGNALLY	HELDE					

23.00

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to The FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ending physician. as the burial-transit permit. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF I		MENTA	L HYGIEN	_	12 1049	
1. DECEDENT'S NAME (First, Middle, Jared	Raymond		GOLDE	N	2. DATE MONT 03	OF DEATH D		3. TIME OF DEATH 92 5:30 p	
4. SOCIAL SECURITY NUMBER n/a	₩2 □ F	n yrs. lest birthday) _	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		BIRTHPLACE (State or Foreign Country) Florida	
9a. FACILITY NAME (If not institution, SNYDERSBURGE OF DECEMENT	G ROAD		96. CITY, TOWN HAMPS	TEAD	EATH			ROLL.	
10a. STATE 10b. C	Carroll	10c. CITY	Hamps					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 1721 Mar-Sue			_	21074			N OF WHAT COUNTRY?		
11. MARITAL STATUS 1. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Specia	an, Puerto	i? (Specify Yea Rican, atc.)	or No- 14	. RACE — American Indian, Black, White, atc. SpecWhite	
15. DECEDENT (Specify only highest Elementary/Secondary (0-12)	B EDUCATION grade completed) Coffege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of we life. Do NOT use Studer	ork done during mo retired.)	ON est of working		KIND OF BUS	SINESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Let.  John C. Gold	len II			18. MOTNER'S NA	ME (First,	Middle, Meiden		e	
Mr. John C.	Golden II	1721	Mar-Si		e, F	Hamps	tead,	MD 21074	
20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, 1   Densition   S								nster, MD	
22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Robert K. Pritts. Sr. 412 Washington Rd., Westminster,									
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR AS A	CONSEQUENCE OF)	:	g csuse given in	Part I.	24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING	
					_	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 \( \text{ NO} \)	
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	alore 2 DOA	OTHER:	ACE OF OEATN (CH			NIDE T	2 DONDEAN	
27. MANNER OF DEATH	26e. DATE OF INJURY								
2 Nactural 2 Natural 2 Naccident 2 Naccide					ATION (Steel	ST STRUCK BY AUT			
29e. CERTIFIER 1 CERTIFYING	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
296. SIGNATURE AND TITLE OF CER		- Investigation	my opinion, c	29c. LICENSE NUI		era piece, en		euse(s) and menner ee stated.  IGNED (Month, Day, Year)	
Donald H.	Wright MD			O.C.M			► 03	/29/1992	
31, DATE FILED (Month, Day, Year)		111 P	M STR	EET BA	ATIM	ORE,	MARYI	AND 21201	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMOBETHIN PLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Prain the properties by the hospital or attending physician.	4 hours after death. Phon to have to make by the hospital or attending
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct, page 5 years be detached for use as the burial-trans be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director page 5 mount be detached for use as the nin, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be seen at once,	e medical examiner must resemble at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH REG.	1049

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN		10177
	1. DECEDENT'S NAME (First, Middle, Leal)					2. DATE OF DEATH		3. TIME OF DEATH
	MARVIN	B.		608D	У	MONTH D		2 7.05 PM M
	4. SOCIAL SECURITY NUMBER		yrs. leat birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	25-12-6427	1 2 F 6	S YRS.	MONTHS DAYS	HOURS MIN.	6-26-19		IARYLAND
_	Ba. FACILITY NAME (If not institution, give at	,			OR LOCATION OF DI	EATH	9c. COUNTY	
5	PENINSULA REGIO	NAL MEDICAL	CENTER	S	ALISBURY		WICC	OMICO
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCA	TION		-	10d. INSIDE CITY
DIRECTOR	MARYLAND WICO	MICO	SAT	ISBURY	7			LIMITS?
	10e. STREET AND NUMBER		0111		H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER.	210 POTOMAC AV	Ε.			21801		TI	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		CENDENT OF HISPAI	NIC ORIGIN? (Specify Ver		RACE — American Indian.
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		B 2 NO Specific	nn, Puerto Rican, etc.)		Black, White, etc. Specify:
	15. DECEDENT'S EDUC	WW II ARM						WHITE
E	(Specify only highest grade	completed)	(Give kind of w	USUAL OCCUPAT ork done during m retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS1	TRY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		CE REE		DEL MO	NTE C	ODD
COMPLETED	17. FATHER'S NAME (First, Middle, Leal)			<u> </u>		ME (First, Middle, Malden		OKF
BE C	MARVIN B. GOR	DY				G. WILK	,	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow		
임	GRACE B. GORD	Υ	210 P	OTOMAC	AVE. S	ALISBURY	MD.	21801
1	20a. METHOD OF DISPOSITION 1 X Burial 2 Crementon 3 Remo	oval from State 20b.	PLACE AND DATE O	EDISPOSITION /A	ame of	DATE 200 LO	CATION - City	or Town State
1	4 Donation 5 Other (Specify)		PRINGHI	LL MEN	GDNS.	3-31 HE	BRON.	MARYLAND
ľ	//	I A	X	22. NAME /	ND ADDRESS OF FA	BOUND	S FUN	ERAL HOME
	Duald (	Drun !	08	705	E.MAIN	STREET S	ALISB	URY,MD21801
	23. PART I. Enter the diseeses, or c shock, or heart fallure. I	omplications that caused List only one cause on ee	the deeth. Do n	ot enter the m	ode of dying, auc	h as cardiac or reap	ratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final							Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	TIVE	HEAR	T FAI	LUBE		
_								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):	OLWOIO	HIHY		
3	cause. Enter UNDERLYING							
Ė	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):				
H	resulting in death) LAST	1						
AL C	PART II. Other significent condition	contributing to death bu	it not resulting in	n the underlyis	g ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
						PERFOR	Life -	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ᇦ								OF DEATH?
ä						_		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)		
XS	1 TYES 2 NO	1 Sinpetient 2 ER/Outpe	tient 3 DOA		ne 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH  1 1 Natural 5 Pending	(Month, Day, Year)	28b, TIME	JRY W	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
B≼	2 Accident Investigation	28s. PLACE OF INJURY	44 5		YES 2 NO	1		
	3 Suicide 8 Could not be determined	building, atc. (Specif	(y)	ireet, ractory, orn	50	28f. LOCATION (Street of City or Town, State)	and Number or F	iural Route Number,
9	29a. CERTIFIER	244.7.4.4						
COMPLETED		CIAN: To the best of my knowle R: On the basis of examination						woode) and manage or stated
	29b. SIGNATURE AND TITLE OF CERTIFIER		- The state of the	t, in my opinion,				
H	Drol da				29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type.	Print)	1209	10	3	トナーフへ
	LOCUST And	Quincy 5	+ 5	alisbu	RU M	D 2/8	01	
/	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		,	/	0 216		
	MAR 3 0 1992	getie Davidso	a Bondall					
		U						DHMH-16 Rev 1/89

A REST TO A SECURITION OF THE PARTY OF

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THE PARTY FROM

. OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 freurs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans		
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Cert	nding	EX.	
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HASE.	his ce	with t	-
NG P	fler ti	eath \	
TENO	DR: A	fter d	
RAT	RECT	urs an	
0	0	2	:

	1. DECEDENT'S NAME (FIRST, I		Gorbon							2. DAT	E OF DEATH	07	92°	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (	(In yrs. last bir	thday) IF UND	ER 1 YEAR	IF UNDER	R 24 HRS.	7. DATI	OF BIRTH			LACE (State or Foreign
	293-20-1794		1 🗆 M 2 💢 F			YRS. MONTH	DAYS	HOURS	MIN.	111/	08/1924		Ohio	
1	9a. FACILITY NAME (If not inst							OR LOCATE	ON OF DE			9c. COUN	TY OF DE	
0	Frederick Me		l Hospia	tal		Fr	.eder	ick				Fre	deric	ck
DIRECT	PRESIDENCE OF DECI	10b. COUNTY		_	110	De. CITY, TOWN	OR LOCA	ATION						IOd. INSIDE CITY
#	Maryland	Frede	rick			Freder	ick							LIMITS?
FUNERAL	10e. STREET AND NUMBER							of. ZIP COD	_			_		IAT COUNTRY?
	21 West Fift	th Str						2170				Unit	ed Sa	tates
- 1	1 Never Married 2 A	Married	12. WAS DECEDER	1 YES	2 NO	) 1:	If yes, s	pecify Cubi	ın, Mexica	n, Puerto	IN? (Specify Yes Rican, atc.)	or No-	Black,	- American Indian, White, etc.
8	3 Widowed 4 Divorce	ced	IF YES, OIVE	WAR OR DA	ATES		1 [] YE	S 2 NO	Specify	<i>f</i> :			Specify	White
	15. DECE (Specify only	DENT'S EDUC	ATION completed)		(Give k	ENT'S USUAL	a during m	ION lost of working	na	16	b. KIND OF BUS	INESS/IND	JSTRY	
COMPLET	Elementary/Secondary (0-1 12 UEQUS	12)	College (1-4 or 5	+)	life. Do	NOT use retired etary	.)		•		Public	Hoal	th Si	huice
N N	17. FATHER'S NAME (First, Mid	idle, Last)			3600	Cluty		I 10 MOT	MED'S NA		Middle, Malden		cit Se	Strace
ш	Edward Veve	rka							vra v			Surramej		
20	19a. INFORMANT'S NAME (Typ							and Number	r or Rural F	Route Nun	nber, City or Town			
٦	Susie Gerbe								Fred	leri	ck, Ma	rylan	d 21	701
	20a. METHOD OF DISPOSITIO 1 Burlal 2 Cremation	3 🗆 Remo	rval from Stata	20b.	PLACE AND	DATE OF DISP	OSITION (A	lame of	2/0	0A	TE 20c. LO	CATION — C	ity or Tow	n, State Naryland
	4 ☐ Donation B ☐ Other (S 21. SIGNATURE OF FUNERAL		ENSEE	_   3	siiucris	During C	rema	ND ADDRE	LM J	CILITYO	12 Smc	thsow	rg, n	narykana
	A hais	V'	d M	A	110	1	621	Oposi	sumto	wns	parese	t tun	eral	Home
	23. PART I. Enter the dis	une	omplications the	XX	ray,	7	rede	rick,	Mar	ryka	nd 21	701		
	snock, or her	art fellure. L	lat only one ca	use on ea	ach line.	. Do not ent	er the m	ode or dy	ing, suci	h aa cai	rdiac or reapl	ratory arre	eat,	Approximate interval Between
	IMMEDIATE CAUSE (Fine disease or condition	il •	(1)	ero	7 Du	a	X	D	ses	w				Onset and Death
Ġ	resulting in death)		DUE TO	OR AS A	CONSEQUE	NCE OF):			0 -0					anys
Z	Sequentially list condition	ns. b												
RTIFICATION	If any, leading to Immedicause. Enter UNDERLYIN	late	DUE TO	OR AS A	CONSEQUE	NCE OF):								
윤	CAUSE (Disease or Injury that Initiated events		DUE TO	OR AS A	CONSEQUE	NCE OF):								
EH	resulting in death) LAST													
LCE	PART II. Other algorifican	t conditions	contributing to	donth h	ut not man	Islanda sha	en el - els de		uo a	D 41	Γ			
	0001		oona bating to	deeth D	ot not resu	rang in the	ander tyn	ig cause	given in	Part I.	24s. WAS AN PERFOR	MED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICA										_	1 TYES 2	MO NO	9	OF DEATH?
2 3										_			'	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL						LACE OF O	EATH (Chi	ock only a	ne)			
YSi	1 TYES 2 NO		HOSPITAL:	☐ ER/Outp	atlant 3 🗆 f	DOA 4 N		me 5 🗆 Re	sidence	8 🗆 Oth	er (Specify)			
PHY	27. MANNER OF OEATH  1 Netural 5 P	ending	28a. OATE OF (Month, E	Pay, Year)	26	b. TIME OF	W	JURY AT ORK?	7.65	28d. DE	SCRIBE HOW II	JURY OCCI	IREO	
8	2 Accident In	rvestigation	28a PLACE C	OF INJURY	- At home	form, street, fa	1 -		NO	204 104	CATION (C)			
TED		ould not be stermined	building,	etc. (Spec	city)	raini, atroot, ia	ctory, orm	Ca		City	CATION (Street a r or Town, State)	nd Number (	r Rurel Roo	ite Number,
	29a. CERTIFIER 1 CERTIF	FYINO PHYSIC	CIAN: To the best of	f my knowl	ledge death (	accurred at the	time det	e and aless	and due	to the se				
														and manner as stated.
OMP													, ,	
E COMPLE		OF CERTIFIER						29c. LICI	ENSE NUM	IBER		29d. DATE	SIGNED /	Adhth, Day, Year)
8			Son W					29c. LICI	26	IBER	6	29d. DATE	SIGNED (A	Agnih, Day, Year)
ш		OF CERTIFIER	SIND	SE OF OE	ATH (ITEM 27	) (Type, Print)		29c. LICI	26	51	6	29d. DATE	SIGNED (A	192 192

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

HEGISTHAR		CERT								
1. DECEDENT'S NAME (First, Middle, Last		1-112				MONTH	OF DEATH		YEAR	3. TIME OF DEATH
PHOE			DNER			03	20		92	4:50 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthd	MONTHS	DAYS	IF UNDER 24 HRS.		OF BIRTH , Day, Year)		Countr	IPLACE (State or Foreign
217-22-4550	1 M 2 F	69 YR	S.			Dec	2.1,1	922 1	Mar	yland
Sa. FACILITY NAME (If not institution, give	street end number)		9b, CIT	TY, TOWN C	OR LOCATION OF	EATH		9c. COUN	TY OF D	EATH
THE MEMORIAL	HOSPITA	L	E	Cast	on			Ta	lbo	t
RESIDENCE OF DECEDENT										
10a. STATE 10b. COUN			CITY, TOWN							10d. INSIDE CITY
Maryland Que	en Anne	Ce	entre	vil.	le					4 LINES 2 NO
10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZ	EN OF Y	VHAT COUNTRY?
431 South Lil	perty St	reet			21617			USA		
11. MARITAL STATUS		IT EVER IN U.S. ARMED	13.		ENDENT OF HISPA	NIC OBIGIN	2 (Specify Voc		14 BACC	E — American Indian,
1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 NO		If yes, sp	ecify Cuban, Mexic	en, Puerto F	lican, etc.)	U 110-	Biaci	t, White, atc.
3. Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES	-	1   YES	2 NO Spec	lfy:			Speci	
15. DECEDENT'S ED	UCATION	16a. DECEDEN	IT'S USUAL C	OCCUPATION	NA .	T-105	KIND OF BUS	INFRC (IND)	HOTOW	Black
(Specify only highest grad		(Give kind	of work done of use retired.)	during mo	st of working	100.	IGHO OF BOS	MACSSAINDE	Jaint	
Elementary/Secondary (0-12)	College (1-4 or 5 +	•)								
Secondary  17. FATHER'S NAME (First, Middle, Last)		Wall	ress				esta			
					18. MOTHER'S N.	AME (First, A	fiddle, Maiden	Sumame)		
William Earle	2				Elear	or C	coner	^		
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL			and Number or Rural	Route Numb	er, City or Town	n, State, Zip i		
Mrs.Blanche B	Larle	431	S.Li	bert	ty St.C	entr	evil1	Le Ma	arv	land 216
20a, METHOD OF DISPOSITION	News - House	20b. PLACE AND DA	TE OF DISPO	SITION (Na		DATE		CATION - C		
1 Burlel 2 Cremation 3 Re-	moval from State	cemetery, crematory	or other place, lefic	1 2 1	Lodge	3420	1			
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	A S a Maria Maria			D ADDRESS OF F					reville.
A A	(Os)	1			- ADD. ILOU OF 11	WILL !	WALLE	AX FL	JNE:	RAL HOME
men										
23. PART I. Enter the disesses, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Gast	t caused the death. Dise on each line.	to not enter	r the mo	Calvert de of dying, such	ch ss card	lsc or respi	centory srre	ost,	Approximats Interval Between
SHOCK, Or near residue  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Gest DUE TO c. DUE TO d.	OR AS A CONSEQUENCE	E OF):	or the mo	bled	ch as card	lsc or respli	ratory srre	est,	Approximats Interval Betw Onset and De
SHOCK, Or near relitors IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. DUE TO d	OR AS A CONSEQUENCE	E OF):	or the mo	bled	ch as card	lsc or respi	AUTOPSY MED?	est,	Approximats interval Betwonset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificant conditions are under the condition of the cond	s. Gest DUE TO c. DUE TO d. One contributing to	OR AS A CONSEQUENCE	E OF):	or the mo	bled	Part I.	24a. WAS AN PERFORI	AUTOPSY MED?	est,	Approximats interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  HOSPITAL:	OR AS A CONSEQUENCE	E OF):	inderlying	de of dying, such	Part I.	24a. WAS AN . PERFORI	AUTOPSY MED?	est,	Approximats interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  HOSPITAL:	GOR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	E OF):  BY A A I NUTTIME OF	inderlying 26. PL	cauae given in	Part I.	24a. WAS AN / PERFORI 1  YES 2	AUTOPSY MED?	246.	Approximats interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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	1 - STATE REGISTRAR	STATE OF I	MARYLANI	/ DEPAR	TMEN	OF H	DEAT	AND	MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				^				2. DATE	OF DEATH	AY	W=4.5	3. TIME OF DEATN
		SHIRLEY		(	900	du	111		men	A		992	1250 1
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (	Dev. Month		8. BIRTHP	LACE (Stete or Foreign
	225-44-0166	1 □ M 2 💢 F	50	YRS.		- OAI O	noone	mus.	OCT	14,	1935	1	VIRGINIA
1	9a. FACILITY NAME (If not institution, give a				9b. CITY		R LOCATI		EATH		9c. COL	JNTY OF DE	ATH
DIRECTOR	PENINSULA GENER	CAL HOSPI	TAL			SA	LISE	BURY				WICO	MICO
E C	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION		-				10d. INSIDE CITY
	VIRGINIA ACCO	MACK COUI	VTY	NEW	CHUI	RCH						- 1	LIMITS?
BY FUNERAL	100. STREET AND NUMBER						ZIP CODE	E			10g. CIT		AT COUNTRY?
KER	29340 GREEN HIL	L ROAD				2	3415				U.	S.A.	
5	11. MARITAL STATUS  1 Never Merried 2 X Merried	12. WAS DECEDEN FORCES? 1			13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGINS	(Specify Yes	or No-	14. RACE	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W					2 XNO			can, etc.)			WHITE
	15. DECEDENT'S EDU	CATION	100	DECEDENT'S	Hellat O	COLINATIO			Lan				WILLIE
E	(Specify only highest grade	College (1-4 or 5 d		(Give kind of a	work done	during mos	st of workin	9	160.	KIND OF BU	SINESS/IN	DUSTRY	
린	Elementary/Secondary (0-12)	0011090 (1-0 0) 0	' EM	PLOYEE .	- BAX	ER T	RAVNA	L	M	EDICA	AL S	UPPL	IES
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)						18. MOTH	VER'S NA	ME (First, M	iddle, Meiden	Sumeme)		
BE	JESSE KING						RUBY	CO	X				
2	19a. INFORMANT'S NAME (Type/Print)	TN CD		19b. MAILING	ADDRESS	(Street ar	nd Number	or Rural F	Route Numbe	r, City or Tow	n, State, Zij	o Code)	
	GARLAND GOODW	IN, SR.						ıГ К	D. N	EW C	HURC	CH, V	7A 23415
	20a METNOD OF DISPOSITION  1 D Burlel 2 Cremetion 3 D Rem	oval from State	20b. PLA	CEAND DATE O	OF DISPOS	ITION (Na	me of		PAJE	20c. LO	CATION -	City or Tow	n, State
	4 Donation a Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	FNSEE	DO	wNING					1/19	DAK	HAL	L, V	A 23416
	·2016	3			P	.O.	278	S OF FA	CILITY E	OX F	UNEF	(AL H	IOME
	1. Like To	Z			10	048	L LA	NKFO	RD HV	Y. TE	MPER	ANCEV	ILLE, VA
	23. PART i. Enter the diseases, or cahock, or heart failure.	complications the List only one cau	caused the	death. Do n	ot enter	the mod	de of dyl	ng, auch	h as cardi	ac or reapl	ratory ar	reat,	Approximata interval Between
	iMMEDIATE CAUSE (Finei disease or condition		. 6										Onset and Death
H	resulting in death)	- CA	OR AS A CON		rock	ES.	1						20 min
-	_				•	1							
<u>o</u>	Sequentially list conditions, if sny, lasding to immediate	OUE TO	OR AS A CON	SEOUENCE OF	): ):	6 ,	1121	The s	37				
S	csuse. Enter UNDERLYING												j
E	CAUSE (Disease or injury that initieted events	OUE TO	OR AS A CONS	SEOUENCE OF	7):								
CERTIFICATION	reaulting in deeth) LAST	1,											
- 11	PART II. Other aignificant condition	contributing to	death but no	t reauiting i	n the un	derlying	CRUSA O	iven In I	Dart I	4a. WAS AN	ALLEDOMAN		
S		- 02.000000				conjing	cause y	14011 111 1	Part I.	PERFOR		19	MAILABLE PRIOR TO OMPLETION OF CAUSE
即									-	1 TYES 2	NO	0	F DEATH?
2 ;									-			1	YES 2 TNO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL/	ACE OF DE	ATH (Che	ck only one)				
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		5 🗆 Rec	eldence :	a 🗆 Other	Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e, DATE OF (Month, De		28b. TIME	OF	28c. INJU WOR	RY AT			RIBE NOW IN	JURY OC	CUREO	
B	1 Natural 5 Pending 2 Accident Investigation				M	1   YI	ES 2 🗌	NO					
- 10	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE Of building,	INJURY — AI Inc. (Specify)	home, farm, s	tree1, lecto	ory, office			281. LOCAT	ION (Street e Town, Stete)	nd Number	or Rural Rou	ite Number,
E I	And Controlled												
COMPLETED	(Check only one)	ZIAN: To the best of	my knowledge,	death occurre	d at the th	me, date e	end place,	and due t	to the cause	e(e) end man	ner ee stat	ed.	
8	2 MEDICAL EXAMINER		amination end/o	or investigation	n, In my of	oinion, de	ath occure	d at the t	time, date a	nd place, end	due to th	e cause(e) e	end manner se stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	0	4.0				29c. LICE	-	BER C/O	2	29d. DAT	E SIGNED (M	fonth, Day, Year)

29c, LICENSE NUMBER D 18053 29d. DATE SIGNED (Month, Day.

M.

31. DATE FILEO (Month, Day, Year)

MAR 31 '92 32. ABGISTRAR'S SIGNATURE
Julia Davidson-Randoll

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

201 Pine Blaff Rd. Suite 25

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	G PHYSICIAN:
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AL C	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 second pages and the second pages of th	2 16	encontaint. It is a new town 90 shows one letter as other frammatic areast the medical assembles and he are the
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN	E	
		7.1	Minnie	Hauck		2. DATE OF DEATH DA 3	5 95	3. TIME OF DEATH 12:50 P M
	4. SOCIAL SECURITY NUMBER 050-20-4570	1□M2□X 92		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) (9-24-1	899 8	RTHPLACE (State or Foreign untry) New York
e B	9a. FACILITY NAME (If not institution, give si Crofton Convale			Croft	OR LOCATION OF DE	ATH	Anne	Arundel
DIRECTOR	10a, STATE 10b, COUNTY MD Anne	Arundel	10c. CITY, 1 Crof	ton	TION			10d. INSIDE CITY LIMITS? 1  YES 2  NO
FUNERAL	100. STREET AND NUMBER Reidel Road &	Rt. 424		101	21114		10g. CITIZEN C	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp		IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	8	ACE — American Indian, liack, Whita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US Gave kind of wor life. Do NOT use of Housewi	k done during mo etired.)		166. KIND OF BUS		Y
BE COM	17. FATHER'S NAME (First, Middle, Last) Crist Nickols				Katy	ME (First, Middle, Maiden Schaffer		
10	19a. INFORMANT'S NAME (Type/Print) Marian Husford		97 St	erlin	g Road,		Townsh	ip, NJ 0706
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) etro Cre	mator	У	Bal	timore	
	21. SIGNATURE OF FUNERAL SPRVICE LIC	and b	/ L	Hard	-	neral ho		A.
	23. PART I. Enter the diseases, pro- ahock, pr heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardia	c Qu (					Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Francisco oue to oue as	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	e a	Musica Dedis-	Vare of	Aufor	t 2-3S Calouic
PHYSICIAN: MEDICAL	PART II. Other algnificant condition  Value  Part II. Other algnificant condition	the Que	but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 JAN  27. MANNEB OF DEATH	HOSPITAL: 1   Inpetiant 2   ER/Out		OTHER: Nursing Hor	LACE OF DEATH (Ch	6 Other (Specify)  28d. DESCRIBE HOW I	NAMES OCCUPE	D
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year)	INJUF Y — At home, farm, str	M 1 🗆	YES 2 NO	28f. LOCATION (Street City or Town, State)	and Number or Ru	
COMPLETED	cont only	ICIAN: To the best of my know	wledge, death occurred			to the cause(a) and mai	nner as stated.	issafal and manage as stated
BE	296. SIGNATURE AND TITLE OF CERTIFIE		All All All All All All All All All All	in my opinion, o	29c. LICENSE NU			NEO (Month, Day, Year)
2	BARRY R. NAT	HANSON	EATH (ITEM 27) (Type, P	720	O AGE	ENSE H	WY G	ROFTON MD

DC ME

Davidson

32. REGISTRAR'S SIGNATURE

Bindell

DIXON MD

APR 0 2 1992

REGISTRAR			LATIN	ICAIL	OF DEATI	П		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	AY.	YEAR	3. TIME OF DEATH
James	M	Ha	11				3		8.	92	3:15 P.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 Y			7. DATE OF (Month, E			8. BIRTI	HPLACE (State or Foreign
218-92-8081	1 St M 2 - F	2	6 YRS.	MONTHS D	AYS HOURS	MIN.		4-65		Jap	"
9a. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, TO	WN OR LOCATION	OF DE	ATH		9c. COU	NTY OF E	
House of Country	Canara	1		Col	umbia				Ш	owar	- 3
HOWARD COUNTY				COL	unibia				1 110	Jwai	· u
10a. STATE 10b. COUNT	Y		10c. CIT	TY, TOWN OR I	OCATION						10d. INSIDE CITY LIMITS?
Md Anne	Arundel		Sev	erna E	Park						1 TYES 27 NO
10s. STREET AND NUMBER					101, ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
500 Pine Tree Dri	ve				21146				TT	S.A.	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS	DECENDENT OF	HISPAN	IC ORIGIN? (	Specify Yes		14. RAC	E — American Indian.
1 Never Married 2 Married	FORCES? 1	TYES 2 THE	NO		YES 2 10 NO			en, etc.)		Spec	k, White, stc.
3 Widowed 4 Divorced	Nationa:				1 1 2 2 3 1 10	орчону.				apac	White
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. D	ECEDENT'S	USUAL OCCU	PATION		16b. KI	ND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	-	te. Do NOT u	rae retired.)	ng most of working						
12			ation	al Gau	ard Sqt.		1	Milit	arv		
17, FATHER'S NAME (First, Middle, Last)						R'S NAM	AE (First, Mid			_	
George W.	Hall				Pat	ric	ia	Wil	loug	hhy	
19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (S)	treet end Number of						
Mrs. Patricia Hal	1				ee Driv						1.46
20a. METHOD OF DISPOSITION						6 20	_	_			
t XBuriel 2 Cremation 3 Rem	oval from State	cemetery, ca	rematory or c	of disposition of the place of the community of the commu	M (Name or		<b>3</b> /1		CATION —		
4 Donation 5 Other (Specify)	CHEE	Greu	паче								
11/1/3						OF FAC		-			Cem.
Yould	Barra		0	22. NAI	anco Fu	nera	al Hor	49 ne Se	5 Ri vern	tchi a Pa	e Hwy.
23. PARTY I. Enter the diseases, or a shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Barran complications that List only one cau	se on eech lin	death. Do	Barr not enter the	anco Fu	nera	al Hor	49 ne Se	5 Ri vern	tchi a Pa	e Hwy. rk MD 2114 Approximata
shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Barry  complications that  List only one cau  a. MULTI  DUE TO	PLE	IN TO	Barr not enter the	anco Fu	nera	al Hor	49 ne Se	5 Ri vern	tchi a Pa	e Hwy. rk MD 2114
immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	Burner  Complications that List only one cau  a. MULTI  DUE TO  b. DUE TO	PLE (OR AS A CONSI	Ideath. Do ne.	Barr not enter the	anco Fu	nera	al Hor	49 ne Se	5 Ri vern	tchi a Pa	e Hwy. rk MD 2114 Approximata
shock, or heart feiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Burner  Complications that List only one cau  a. MULTI  DUE TO  b. DUE TO	COR AS A CONSI	Ideath. Do ne.	Barr not enter the	anco Fu	nera	al Hor	49 ne Se	5 Ri vern	tchi a Pa	e Hwy. rk MD 2114 Approximata
shock, or heart feiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Burner  Complications that List only one cau  a. MULTI  DUE TO  b. DUE TO  C. DUE TO	PCE OR AS A CONSI	Identh. Do les.	Barr not enter the	E AND ADDRESS TANCO Fu	nera	al Hor	49 ne Se	5 Ri vern	tchi a Pa	e Hwy. rk MD 2114 Approximata
shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	Burner  Complications that List only one cau  a. MULTI  DUE TO  b. DUE TO  C. DUE TO	PCE OR AS A CONSI	Identh. Do les.	Barr not enter the	E AND ADDRESS TANCO Fu	nera	PLITY al Hor	49 ne Se	OS Rivernaratory and autropsy MED?	tchi a Pa	Approximate interval Betwee Onset and Des
shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition	Burner  Complications that List only one cau  a. MULTI  DUE TO  b. DUE TO  C. DUE TO	PCE OR AS A CONSI	Identh. Do les.	Barr not enter the	TANCO FUE TO MODE TO MODE TO MODE TO MODE TO MODE  Trying cause give	mera	Part I. 24	49 Se or respl	OS Rivernaratory and autropsy MED?	tchi a Pa	Approximata interval Betwee Onset and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Burner  Complications that List only one cau  a. MULTI  DUE TO  b. DUE TO  C. DUE TO	PCE OR AS A CONSI	Identh. Do les.	Barr not enter the	E AND ADDRESS TANCO Fu	mera	Part I. 24	49 Se or respl	OS Rivernaratory and autropsy MED?	tchi a Pa	Approximata Interval Betwee Onset and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. YES 2 NO	Buruncomplications that List only one cau  a. MULT I  DUE TO  b. DUE TO  d. DUE TO  d. HOSPITAL:  1 Inpatient 2 X	COR AS A CONSI	EQUENCE O	Barr not enter the	TANCO FUE TO MODE TO MODE TO MODE TO MODE TO MODE  Trying cause give	mera g, such	Part I. 24	49 ne Se c or respli	OS Rivernaratory and autropsy MED?	tchi a Pa	Approximata Interval Betwee Onset and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Places or Injury that initisted events resulting in deeth) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. YES 2 NO  27. MANNER OF DEATH	Burun complications that List only one cau a. MULT to DUE TO b. DUE TO c. DUE TO d	COR AS A CONSI	EQUENCE O	Barr not enter the	Tanco Fue mode of dying smode of dying sause gives place of oea	mera g, such	Part I. 24	49 ne Se c or respli	AUTOPSY MED?	tchi a Pa reat,	Approximata Interval Betwee Onset and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  LEXAMINER OF DEATH  1 Netural 5 Pending	Burning Complications that List only one cau  a. MULTI  DUE TO  b. DUE TO  d. DUE TO  d. HOSPITAL:  1   Inpatient 2   28e. DATE OF	COR AS A CONSI  COR AS A CONSI	EQUENCE O	Barr not enter the ACLES  FI:  OTHER: 4   Nursing 4   OFHERITER  JURY   286  JURY   286	Tanco Fu	mera, such	Part I. 24  ck only one)  Discrete (S 28d, Description)	4. WAS AN. PERFOR	AUTOPSY MED?	tchi a Pa reat,	Approximata interval Betwee Onset and Des On
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SENOCK, or heart feiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL: 1 Inpatient 2 St. 28a. DATE of (Month, D. 3 - 2 St. 28a. PLACE Of building.	COR AS A CONSI  COR AS A CONSI	EQUENCE O  EQUENCE O  EQUENCE O  Tournell In In In In In In In In In In In In In	22. NAI Barr not enter the ARIE: ARI	Tanco Fuel of mode of dying some solution of the mode of dying solution of the mode of dying solution of the mode of dying solution of the mode of the	merag, such	Part I. 24  ck only one)  Dead  to the cause  to the cause  to the cause  to the cause  to the cause	49 ne Se or respli	AUTOPSY MED?  NO  NJURY OC  F'ell  Ind Number  Of	246  CURED  Fin or Rural I	Approximata interval Between Onset and Des O
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Places or Injury that initisted eventa resulting in deeth) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural S Pending Investigation  27. MANNER OF DEATH  1 Natural S Pending Investigation  3 Suicide Homicide G Could not be detarmined  29a. CERTIFIER (Chack only one)  2 MEDICAL EXAMINE	DUE TO  DUE TO	COR AS A CONSI  COR AS A CONSI	EQUENCE O  EQUENCE O  EQUENCE O  Tournell In In In In In In In In In In In In In	22. NAI Barr not enter the ARIE: ARI	riying cause gives. PLACE OF OEA Home 5 Reside. INJURY AT WORK? YES 2 1	ner;	Pert I. 24  CK only one)  Other (S  28d. Descr  Dead  to the caused to the caused to the caused	49 ne Se or respli	AUTOPSY MED?  NO  NJURY OC  Fellor of Number as stated due to the	24b	Approximata Interval Between Onset and Des O
SET SET SET SET SET SET SET SET SET SET	DUE TO  DUE TO	COR AS A CONSI  COR AS A CONSI	EQUENCE O  EQUENCE O  EQUENCE O  Tournell In In In In In In In In In In In In In	22. NAI Barr not enter the ARIE: ARI	Tanco Fuel of mode of dying some solution of the mode of dying solution of the mode of dying solution of the mode of dying solution of the mode of the	ner;	Pert I. 24  CK only one)  Other (S  28d. Descr  Dead  to the caused to the caused to the caused	49 ne Se or respli	AUTOPSY MED?  NO  NJURY OC  Fellor of Number as stated due to the	24b	Approximata interval Betwee Onset and Des On

Maryland

Baltimore,

Street

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9a. FACILITY NAME (If not institution, give street and not institution, give street and not institution, give street and not institute in the county in the	HICKERSON  B. AGE (In yrs. lest  12 AF  12 AF  12 AN  12 AN  12 AN  12 AN  12 AN  12 AN  12 AN  12 AN  12 AN  13 AN  14 AN  15 AN  16 AN  17 AN  18 A	YRS. MONTHS	ER 1 YEAR   IF UNDER 24 HRS.  DAYS HOURS MIN.  IT, TOWN OR LOCATION OF DI  WAS LINE OF		Country	110 (ANAC
4. SOCIAL SECURITY NUMBER  2.15-34-3620  1 IM  9a. FACILITY NAME (If not institution, give street and not institution, give street and not institution)  PLEAS ANT LIVING  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARY LAND  ANNE A  10c. STREET AND NUMBER	a. AGE (In yra. last  12 AF  13  14 N Vale Sen	YRS. MONTHS  9b. CIT	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8	B. BIRTHI County ONG	PLACE (State or Foreign
2.15-34-3620 1 M  9a. FACILITY NAME (If not institution, give street and n  PLEAS ANT LIVING  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  ANNE AI  10c. STREET AND NUMBER	The 1/3	YRS. MONTHS  9b. CIT	DAYS HOURS MIN.	(Month, Dey, Year)	ONTO	NO CANA
9a. FACILITY NAME (If not institution, give street and in PLEAS ANT LIVING CRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND ANNE AT 10a. STREET AND NUMBER	umber)	96. CIT	ry, Town or Location of D	9-08-18 DEATH 0 1 0	ONTA	110 (ANAC
PLEAS ANT LIVING C RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND ANNE AT 10a. STREET AND NUMBER	unvalescen	7 140			AA CC	EATH
10a. STATE 10b. COUNTY MARYLAND ANNE AT 10a. STREET AND NUMBER			1			
MARYLAND ANNE AT	TTANKII		ORLOCATION			10d. INSIDE CITY
	KONDEL	EDGEWA	ATER			1 TYES 2 NO
144 WASHINGTON RO	AD		21037	-16	USA	HAT COUNTRY?
1 Never Married 2 Married FOR	B DECEDENT EVER IN U.S. ARI RCES? 1 YES YNN ES, GIVE WAR OR DATES	MED 13	8. WAS OECENOENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 A NO Specif	en, Puerlo Rican, etc.)	No— 14. RACE Black Speck	- American Indian, White story
15. OECEOENT'S EOUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	d) 16a. OE( (G/ (H/a. H O.)		OCCUPATION e during most of working .)	HOMEMA		
17. FATHER'S NAME (First, Middle, Last)	1101	113	16. MOTHER'S N.	AME (First, Middle, Maiden Sur		
	ARRICK					
19a. INFORMANT'S NAME (Type/Print) VILLIAM J. NUTTER			SS (Street and Number or Flural RETT COURT			21401
20e. METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION (	Name of cemetery, crematory or		FION — City or To	
1 Burial 2 Cremation 3 Removal from	Metr	polita	an Cremator	ry Al	ex. Va	
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):  OUENCE OF):  CARL	PIOMYOPAT		n-press	
PART II. Other significant conditions contri	buting to death but not r	esulting in the	underlying cause given in	Part I. 24e. WAS AN AU PERFORME 1 □ YES 2	ED?	WERE AUTOPSY FINDING MAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	Check only one)		
	PITAL: patient 2 ER/Outpatient 3	DOA AND				
	e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJU	URY OCCURED	
2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	be. PLACE OF INJURY — At he building, etc. (Specify)	me, ferm, street, fr		281. LOCATION (Street end City or Town, State)	l Number or Rural I	Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my knowledge, de					e) end manner as stated.
(Check only one) 2 MEDICAL EXAMINER: On the						
anal			29c. LICENSE NU D 416	UMBER 2	DATE BIONED	(Month, Day, Year)
one) 2 MEDICAL EXAMINER: On the		M 27) (Typs, Print)	D 416	9 8	DATE BIGNED  3/2	(Month, Day, Year)
29b. SIGNATURE AND TITLE OF CERTIFIER		M 27) (Type, Print) Anna	29c. LICENSE NI DY16	298 2 2/401	> 3/2 Steph	o (Month, Day, Year) 7/92 en Harnitte

- March Connection & D.C.